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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

Cases of Abnormal Urinary Deposits.

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OXALATE OF LIME.

Case 2.—Mr. D——, aged 42. Tailor; married; formerly intemperate. He was pale and emaciated, had a narrow, contracted, thorax, a stoop in his shoulders, and a short dry hacking cough.

He had almost constant dyspepsia, characterized by a poor appetite, constipation, vomiting, with severe pain, often in the gastric, and almost constantly in the lumbar region. His temper was very irritable, and he would frequently be seized with spells of the most profound melancholy.

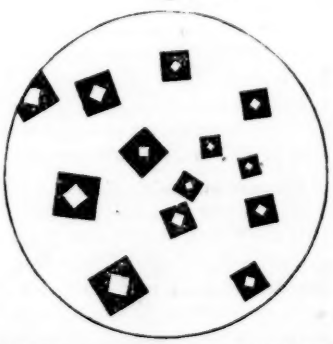
An examination revealed a slight tuberculous deposit in the apex of the right lung; and a systolic murmur was distinctly audible, which was attributed to the impoverished condition of his blood, rather than to any organic lesion. He described his urine as slightly above the natural quantity, rather light in color, and producing a smarting sensation in the urethra.

Four ounces of his urine were given for examination. Specific gravity 1028½—acid. In 1000 grains, there were about 66 grains of solid matter. The color was very pale, and it let fall a light-colored deposit, composed of pale urate of ammonia and mucus; there were also large quantities of urea present. Four drachms were placed in a test-tube and allowed to settle, when the upper three drachms were decanted, and the remaining drachm placed in a watch-glass, and held over a gentle heat. It became much clearer by the solution of the urates; after a few moments, the larger portion of the fluid was removed, and replaced by pure water. White crystals were now distinctly visible to the unaided eye, and, under a magnifying power of 200 diameters, great numbers of the crystals of oxalate of lime were seen, as represented in fig. 1. When these crystals were allowed to

Fig. 1.

remain upon the slip of glass until the fluid had evaporated, the appearance indicated in fig. 2 was obtained; and it was a sight of sin-

Fig. 2.



gular beauty to watch the gradual transition of the crystals from one appearance to the other.

The patient had extremely little faith in the value of remedies, saying he "had tried everything, and would rather be let alone to die." But upon the idea being strongly pressed that he could be helped, he yielded implicitly to directions. He was directed to dress warmly, to take a tepid bath every third day, to take as much exercise by walking as he could without producing fatigue, to eat lightly, but of as nourishing food as his stomach would retain, and his stimulus was restricted to a glass of lager-bier twice daily.

He was given 5 grains of pil. cath. comp. every 3 hours, until his bowels were well opened, and the hepatic torpidity was overcome, after which he was given the following:

℞. Acidi nitrici diluti, ʒss.
Acidi hydrochlorici diluti, ʒj.
Syrupi zingiberis,
Syrupi aurantii, āā ʒj.
Infus. serpentariæ, ℥vj. M.
Cap. coch. mag. ter in die.

In eight days he began to speak encouragingly of himself, that his appetite was better, his stomach stronger, he slept better, and, better than all, the dragging pain in his lumbar region had almost left him. His bowels were kept in a proper condition by the following pills:

℞. Ext. hyoscyami, gr. iij.
Ext. nucis vomicæ, gr. vj.
Ext. aloes socot.,
Ext. rhei, āā gr. xii. M.
Ft. mass. divid. in pil. No. xii. Cap. duo vel tres quaque die.

This was all the treatment he ever received at my hands. His urine gradually became free from the oxalate, and his recovery was in direct ratio to its disappearance, until at the end of two months he expressed himself "as well as he ever was," and the depressed hypochondriacal invalid became a fresh, hale, hearty man, able to compete with any one in working at the trade he had so long thrown aside.

General Remarks on Oxalate of Lime.—Until a comparatively recent period, all interest connected with oxalate of lime was derived from its importance as it existed in the form of calculus. Its existence in any other condition was, for a long time, entirely unknown; and, as late as twenty years ago, a crystaline deposit of this substance, even in cases where calculi were formed, was supposed to be extremely rare.

During this time great light has been thrown upon the subject by the untiring and learned researches of several observers; but preëminent among them stands Dr. Golding Bird, who has been chiefly instrumental in bringing the proper importance of such substances before the profession; and it will be my privilege and pleasure, in this article, largely to draw from material his industry has supplied. He first discovered oxalate of lime as a crystaline deposit. The announcement he made of his discovery was, at first, met with a large amount of incredulity, which was followed by a revulsion equally absurd, namely, that it is of constant occurrence, and of no importance whatever—an assertion to which many sufferers can enter a feeling protest.

But now its proper status seems to have been attained, and it is recognized as a deposit frequently present in the urine, and of the greatest importance in its relations to one of the most distressing forms of calculous concretions, as well as in its pathology, as connected with some of the most aggravating diseases that fall to the lot of man. It is not surprising that it was for so long a time undetected, for while it is diffused through the urine in isolated crystals, it is absolutely impossible certainly to demonstrate its presence without the aid of the microscope.

Urine containing an excess of oxalate of lime is usually, though by no means always, of a dark amber hue, often being of a pale color tinged with a shade of green. Its odor is in most cases natural, rarely being of an aromatic character, resembling mignionette. It is always acid. Its specific gravity may vary from 1010 to 1030, the average being about 1020; and, with few exceptions, the quantity of the oxalate bears a direct ratio to the weight of the specimen.

The quantity of fluid voided seldom varies from that of health, although sometimes the frequent desire to evacuate the bladder, caused by local irritability, may lead to an error.

A large amount of epithelial debris is frequently found present; indeed, so constantly has it been found, that it should always lead to a suspicion of the presence of the oxalate. It often contains uric acid and the urates in excess, and almost always an abnormally large quantity of urea.

It is very seldom that the oxalate exists in the urine as a distinct deposit, but it may remain diffused, even when present in so large

quantities that a single drop, subjected to a proper magnifying power, will be found to be loaded with its crystals.

When present in so large quantities, the crystals will be deposited upon any substance capable of being a nucleus, as a hair or piece of thread, and careful investigation will sometimes reveal them in the act of forming around a large crystal of uric acid, thus enabling us to watch, in the clear field of the microscope, the incipient stages of those once mysterious combinations which exist in almost every calculus. Crystals of the oxalate of lime are very transparent, and have nearly the same specific gravity, as well as the same refractive power, as the urine itself.

Tests.—The best way to detect crystals of this salt is to allow the suspected specimen to stand a few hours; the upper five-sixths may then be carefully poured off, and the lower stratum placed in a watch-glass, or a porcelain capsule, and gently heated. The heat will cause the liquid to become specifically lighter, as well as clear up any cloud of the urate of ammonia, when the crystals of the oxalate, if they be present, will be precipitated to the bottom, where they may be made to congregate, by giving the capsule a slight rotatory motion. The supernatant fluid should now be removed by means of a pipette, and a small quantity of distilled water added, when the minute glistening crystals will be more distinctly visible, owing to the greater difference of the refractive power of the water and the crystals.

Should any urates now be present, the fluid should again be heated, when the crystals will be found at the bottom, from whence they may be removed for microscopic inspection, or for testing with re-agents. These crystals afford to the microscopist a beautiful and interesting field for observation. Their shape is octohedral, their edges and angles are clearly and sharply defined, and they vary in size from 1-750 to 1-5600 of an inch in diameter. When examined with a bright light, each crystal resembles a cube diagonally crossed by two band-like marks, gradually coming to a point at the corners, the point of intersection of these marks being one of the apices of the octohedron, (see fig. 1.) When examined with polarized light, these crystals will be found to have little or no action upon it, remaining nearly invisible when the field is dark. When allowed to dry upon a slip of glass, each crystal presents the appearance shown in fig. 2, owing to the rays of light from the greater part of the crystal being refracted beyond the field of vision. When again moistened, they re-assume their original form.

Oxalate of lime is insoluble in cold or hot water, in acetic or oxalic acid, or in a solution of potash; it is readily soluble in dilute nitric or hydrochloric acid, and by neutralizing such solution with potash or ammonia, it will again be thrown down in the form of a white precipitate. If the crystals be collected and ignited before a blow-pipe, or on a platinum foil, they undergo little or no blackening, the oxalic acid (C_2O_3) is decomposed, and they become converted into carbonate of lime, (CaO, CO_2,) which dissolves with effervescence upon the addition of dilute hydrochloric or nitric acid. By dissolving the carbonate thus obtained in acid, it gives a white precipitate when neutralized with oxalate of ammonia, but none with ammonia itself.

If the heat, which, as stated, will decompose the oxalate of lime, be increased to a sufficient intensity, the carbonate itself will be decomposed, and caustic lime (Ca O) alone will be left.

Crystals, which have generally been called oxalate of lime, are occasionally met with, presenting microscopic and chemical differences from those which have been described. Their shape resembles that of a dumb-bell—whence their name—or more, perhaps, that of two kidneys, with their concavities opposed, and their surfaces are finely striated, as may be seen in fig. 3, (from Dr. J. E. Bowman's Medical Chemistry.)

Fig. 3.

If these dumb-bells be kept in any liquid, for a length of time, they will gradually become converted into octohedra. Without detailing at length the many experiments and considerations which induce the conclusion, it will be

sufficient to state, that there is no longer much doubt that they are composed of *oxaluret* of lime. It may be proper to say, however, that by some observers the matter still rests in doubt, to be determined by future investigation.

Symptoms of Oxaluria.—It is rare that the same symptoms exist in any two cases. Those detailed in Case II. are a fair type. They seem to vary with the temperaments and habits of the persons in whom they are found. The most frequent are severe and intractable dyspepsia, accompanied by great emaciation, depression of spirits, and sometimes even persistent melancholy and hypochondriasis. Sometimes there exists impaired nutrition alone, sometimes anæmia, and often loss of sexual powers. In some cases, there are manifest great irritability of the bladder, pain and dragging in the lumbar region, and many of the most common minor symptoms of impaired health.

The palms of the hands and soles of the feet are often dry and parched, and there sometimes exists a tendency to extensive furuncular eruption.

The complexion is sometimes of a peculiar lurid greenish hue, but oftener it has the dusky tinge so common in certain forms of dyspepsia.

Dr. Bird has met with but few cases in which phthisis was present, and he has seen but few instances terminate in calculus.

Oxalate of Lime as Calculus.—The chemical constituents of the "Mulberry Calculus" were first discovered by Dr. Wollaston, in 1797. These concretions are usually of a very dark color, either brown or dark olive, sometimes of a dingy purple. Their shape is generally spheroidal, and their texture very dense and compact. Their external surface is irregular and rugged, and they derive their name from their resemblance to the knobbed fruit of the mulberry. Their internal surface, when cut, presents eccentric laminæ, arranged like fortification agate, and susceptible of a high polish; when fractured, it is uneven and splintery.

The chemical tests for the calculi are the same as those which have been offered for the crystals obtained from a deposit. They are rarely met with in a perfectly pure state, being usually associated with urate of ammonia, uric acid, urate and carbonate of lime, coloring matter and blood.

The nucleus may be of the oxalate itself, but more commonly it consists of uric acid or urate of lime.

Of 374 calculi at present collected in the museum of Guy's Hospital, 47 have a nucleus of oxalate of lime; of these, the number of bodies consisting of nearly pure oxalate was 19

" uric acid or urates " 8

" phosphates " 14

compound " 6—47.

Of 32 separate calculi removed by Prof. N. R. Smith, of Baltimore, 10 were of pure oxalate of lime.

Of 71 separate specimens removed by Dr. Dudley, of Kentucky, there was a predominance of oxalate of lime in the *nuclei* in 14. Of these, 9 were pure, and in 5 the bodies were composed of other substances; and there were 10 calculi in which the *bodies* were principally composed of the oxalate; so that we find 24 of 71 calculi, in which the oxalate of lime enters largely as a constituent.

Of 69 calculi removed in different parts of Tennessee, we find a predominance of the oxalate in the *nuclei* in 14,—in the *bodies* in 15,—thus entering as an element in 29 of 69 specimens.

These statistics will serve to show the relative frequency with which the oxalate of lime usually exists; the ratio being, according to Dr. Prout, 1:4.33, but according to these data 1:4.96: the higher ratio existing in this country, being doubtless attributable to the greater prevalence of lime-stone waters in the sections in which they were removed, thus affording greater opportunities for this peculiar combination.

A glance at the above ratios is sufficient to establish the great importance of this substance, and to impress upon every one the obligation to bring whatever light he is able, to aid in elucidating those points, which even yet are wrapped in partial obscurity.

(In the next of these papers, a second case of oxalate of lime will be presented, in which it is proposed to treat of its *pathology* and *therapeutical indications.*)

—o—

Mrs. Mary Haller died in Wythe county, Va., last week. She was in her eighty-fourth year—had been married *sixty-seven* years—had *twelve* children, *sixty-two* grandchildren, *one hundred and twenty-four* great-grandchildren, and THREE *great-great grand-children.*

Adulteration of Aniseed.—It is said that aniseed is now adulterated with hemlock. The hemlock is allowed to grow wild with the aniseed, and by carelessness in the gathering a dangerous poison is mixed with the aromatic.

On Disease as manifested Epidemically and Epizoötically in the United States during the Summer and Autumn of 1860.

By M. L. Knapp, M. D., etc.

Facts are every day being elicited in regard to the manifestations of disease in man and animals. I say *disease* not *diseases*, though you took the liberty to alter the caption of my paper written from Baton Rouge, and make me say, "On diseases as manifested," etc. Now, Messrs. Editors, please restore my meaning, for unless you do, you undermine the foundations of the progress opened in my pathological researches. The burthen of my efforts is to show, by the broad and comprehensive manifestations of disease in the United States this year, an identity of nature in all, a one origin or beginning, caused by the meteorological unfavorableness of the season. It matters not whether the impoverishment of the blood or general dyscrasy in man and animals finally manifests itself, locally, in inflamed eyes or lungs, or in a general fever, the *essential nature* is the same—impaired nutrition.

Under my view of the case, all the varied manifestations of disease are explained. The bad season has so impaired the quality of the food of man and animals that they are let down in their nutrition, bad heat and air coöperating, of course.

Here the *causes* of disease and the *nature*, the *essential nature*, of all diseases (as custom has it in the plural) are explained.

Not so under the old view, that diseases are different things, specific entities, stalking contagions, infectious miasms. Under this view, there never has been any progress made toward a solution of the question, what is disease? What is the *essential nature* of all disease?

Broussais considered it a waste of time to devote any attention to this question, so impossible did he believe it of solution. And this appears to be the general conviction. But I have ventured to say that the *essential nature* of disease—of all disease—is impaired nutrition, and that this is all the essential element there is in disease, just as a *perfect* state of nutrition is the positive and essential element of health. I hold, therefore, that disease is no more capable of being justly considered plural than health.

My views of the causes of the outbreaks of epizoötics, this year and last, are corroborated in the main by the very philosophic brochure of Dr. Cartwright, of this city, (New Orleans,) on Malum Egyptiacum, Cold Plague, Diphtheria, or Black Tongue, published in pamphlet form last year, (1859.) Suffice it to say, he considers it the same, or nearly the same, as charbon, which form of disease I stated in my last had destroyed many cattle in Louisiana this season. He says:

"Charbon, from constitutional causes, is often epidemic among quadrupeds. It seems to be due to the development of a similar disease in the vegetable kingdom in unfavorable seasons and under peculiar circumstances. The grasses are liable to be infested with the *puccinia graminum*. It is found on all parts of these plants, even on the glume and beard. It consists of oval or linear pustules, of a black color, at the moment they break through the epidermis. The microscope shows that these pustules are composed of miniature plants, having a whitish filiform pedicle, surmounted by a black capsule divided into two lodges. The *linear uredo*, commonly called the *smut* or *rust*, in wheat, is of the same nature as the *puccinia* of the meadow grasses. The hay or straw infected by the puccinia or uredo is a very unwholesome nourishment for beasts; even the manure which is formed by it is regarded of a bad quality. The disease of rice, called the *carolo*, is of a similar nature with the *smut* in wheat. It consists of reddish spots on the leaves and stalks, covered with a yellow powder, which soon turns to a green color. Plants infected with the *uredo* or *charbon* abound in so much black powder as to discolor the clothing, face, and hands of the field laborers. The charbon of Indian corn is called the *uredo maydis*. It attacks the male flowers and the grains themselves. The part affected swells and forms a tumor of a white, red, or ash color, which is soon filled with a black powder. Very dry weather, as well as very wet weather, is favorable to the production o this disease in Indian corn. * * * *

"The affection called *charbon*, in cattle, is observed most commonly in those seasons and localities where a similar disease has preceded it in some one or other of the plants on which they generally feed. * * * * The *local* affection in the disease called *charbon* is, perhaps, an effort of nature to depurate the system from the poison in the mushrooms swallowed with the food. What is called the charbon or uredo in the cereals, and the puccinia in the grasses, are cryptogamia, similar in almost every respect, chemically and microscopically, to *poisonous mushrooms.*"

I must interweave a few remarks here. This is certainly a rational and philosophic view of one of the causes of the breaking out of epizoötics. It is on the same plane with my researches, goes in the same direction, but it does not go far enough to unfold the whole truth deducible from the facts. Nor does the doctor cover all the facts of vegetable blight. The ergots are, probably, as prolific a source of disease in cattle as the smut or rust. Under the droughts and heats, and excessive rains of some years, the seeds of most of the grasses are ergotized, and when eaten by animals serve not only to lessen the nutrient quality of their food, but absolutely to poison their systems. We all know that spurred rye or ergot, largely mixed with flour, has often proved a cause of disease in families, and in some seasons it has been endemic through an extensive region of country. Nor does the doctor attempt to show how the grasses, and grains, and fruits of the earth, used as food for man and animals, may otherwise cause disease than by their poisonous conditions. I hold that in very wet seasons all herbage and fruits will of necessity be too watery to supply the necessary salts of lime, potash, soda, iron, etc., required in man and animals for repairing their bones, blood, and organs; and that in very dry seasons, nearly all the nutrient juices and solutions of the salts are denied the rootlets, and cannot come up to perfect the herbs and fruits.

This imperfection in the nutrient constitution of plants, grains, fruits, and tubers, is the great source of disease in man and animals. And yet it is mainly overlooked. I will illustrate it by the potato rot. Many and many a potato patch has been dug, and the tubers stored, that afterward turned out to be affected with the rot. What is the rot in the potato? Smee, who has written a volume on it, has told us that, viewed microscopically, it appears to be the most beautiful miniature growth of vegetation that the mind can conceive of; from mushrooms to forest trees. And Liebig has told us that, the fungi that appear in the potato are not the signs of the disease, but evidences of the death and decay of the plant. The explanation is afforded by my philosophy. All plants, grasses, herbs, fruits, grains, that take on these so-called diseases, are so badly nourished, owing to the bad weather, so imperfect in their nutrition or nutritive constitution, that decay, in some form, attacks them, and the fungi, and smut, and ergotized conditions are the new forms of life their decay calls into being.

It is easy then to comprehend the problem of disease, and it is plainly not necessary that vegetation should be so palpably defective in nutritive life as to be dying, or dead, or decayed, and full of fungoid growths before it will cause disease in man and animals. If it be almost thus imperfect, with yet just enough of the elements of nutrition to preserve its vitality, the reader can see how, in a series of years, with seasons so unfavorable as to produce this condition of things, the nutritive life of man and animals will be let down, until epizoötics and epidemics will generally prevail. The ships' stores of Captain Franklin's exploring service were put up in such a period of blight, the opening of the Irish famine, and not only the vegetables, but the beef, mutton, and pork, were in the same condition. All cattle are more or less diseased in such a period of blighting years. The stores of Lord Anson's squadron were the products of just such another series of blighting years, and he lost three-fourths of all his crews by scurvy in a four years' cruise, from 1740 to 1744. But I will not prolong my remarks here, but quote again from Dr. Cartwright's philosophic paper:

"I have observed when charbon prevails among cattle, that many sudden deaths occur without any local affection at all. No doubt, if they had lived longer, the carbuncle, charbon, or local affection would have manifested itself. One of my carriage horses died very suddenly a few days ago. I found, upon examination, that he had, for a week or more previously, been fed on cryptogamic corn which was badly weevil-eaten. * * * *

"The tumor or local affection in the disease, called charbon in cattle, at a very early period, (how soon I do not know,) becomes fly-blown, as it is commonly called. Various species of flies and insects belonging to the orders *lepidoptera* and *diptera* deposit their eggs in it. The larvæ, hatched from these eggs, have the external appearance and mechanical structure of a worm. * * * * *

"In many cutaneous affections, it is probable that the parasites found therein are effects and not causes of the disease, as I am sure the larvæ of insects are, which are observed in the ulcers called charbon in quadrupeds, sometimes, also, in those of man.

"The ætiological conditions, requisite to produce charbon, consist in the previous consumption of unwholesome elements containing fungoid or other poisonous substances. The poison

may be so virulent, as in milk-sickness, as to destroy life before the tumors and ulcers, called charbon, have time to form. In other cases it may be eliminated from the system by vomiting, purging, and sweats. But when not thrown out of the system by the excretory organs, charbon is one of the modes which nature adopts to free the system from it."

I will here close my quotations from this little brochure on the newly-invented nosological term for the disease called diphtheria, and which the doctor thinks cannot be understood without understanding charbon, ("*charbon angineaux* being one of the names the French have give diphtheria.")

This little pamphlet throws a good deal of light on the causes of disease in man and animals, but still holds on to the old idea that symptoms constitute an essential difference. This is not my view of the matter. The essential nature of health cannot be changed, neither can the essential nature of disease. The former is a perfect state of nutrition, and the latter an imperfect or impaired state. The constitutional dyscrasy which the doctor treats of as preceding the local ulcers or tumors, and which he says often kills before the ulcers appear, show that the so-called charbon is a blood disease, and, as we are accustomed to hear said also, very malignant in its character. The matter discharged from the tumors or ulcers will cause a "malign pustule," if inoculated upon an animal, and in this way insects and flies are thought to spread the disease. It appears to be very much like the true plague, with its anthraxes, and buboes, preceded by a putrid fever. It is endemic to this Southern country, like yellow fever in man—in fact, is of the same type. Yellow fever frequently develops tumors, buboes, anthraxes, and eruptions. And the dengue also winds up with an itching eruption. It is also like scarlatina and diphtheria, which, by the way, according to late advices, are prevailing now in Philadelphia.

What are all these forms and fashions of disease but an impaired state of nutrition? Nothing more. It does not matter whether localized on the skin, or throat, or lungs, or eyes, or not localized at all. These accidents do not change the nature—the essential nature—of disease.

I learn that pleuro-pneumonia has also been one form in which disease in cattle has manifested itself in this lower country this summer. It has not been confined to Massachusetts and the Philadelphia region, but has extended to Louisiana.

(*To be continued.*)

Case of Fatal Intussusception.

By Allen Lippincott, M. D.,

Of Pennsylvania.

J. W. N., æt. 7 months, had always been a healthy child up to November 23d, when, at 7 o'clock A. M., he was suddenly seized with violent abdominal pain and incessant vomiting; at the same time two feculent evacuations occurred. The family physician was immediately sent for, who, considering the case one of ordinary colic, prescribed secundum artem, and administered one or more enemata, which, however, produced no feculent evacuation.

24th. Bloody mucus is discharged per anum every 15 minutes; the stomach rejects the medicines given, and is unable to retain even the breast-milk of the mother.

At this time is first noticed a tumor occupying the position of the sigmoid flexure of the colon, about 3 inches in diameter, hard to the touch and dull on percussion. With the view of relaxing the parts, the child was put into a warm bath, but no salutary change was produced by the remedy.

25th. The little patient is free from pain, which suddenly ceased; the stomach still rejects everything introduced into its cavity, emesis occurring about five minutes after deglutition. Bloody mucus continues to be evacuated frequently, but possesses no peculiarly offensive odor. No stercoraceous vomiting has been observed.

26th. Child died at 12 M., previously to which the tumor assumed a purplish appearance.

Autopsy six hours after death. Body still warm; countenance placid; lateral parts of abdomen purplish in color. A crucial incision having been made, and the muscular parietes turned back, the peritoneum directly over the tumor was seen to be slightly inflamed. On removing the peritoneum the tumor was observed extending into the cavity of the false pelvis as far down as the lower part of the left sacro-iliac symphisis; superiorly it extended to the lower border of the ribs. Ligatures having been thrown around the intestine, it was removed from the abdominal cavity and carefully washed prior to a close examination; this disclosed the fact that about four inches of the ileum had been invaginated into the cæcum, and that the cæcum, ascending, and transverse colon had been pushed into the descending portion, thus completely occluding the alvine

canal. The coats of the cæcum were much thickened and partly gangrenous; the ascending colon but slightly inflamed.

The facts presented in the above history and autopsy clearly point out the only plan of treatment that offers the least chance of success in intussusception; this is the injection of large quantities of water through an elastic tube sufficiently long to reach the sigmoid flexure of the colon, in the hope that the stream of water, impinging against the invaginated portion of the bowel, may force it back into situ naturalis.

Illustrations of Hospital Practice.

PHILADELPHIA HOSPITAL.

MEDICAL WARDS.

Service of Dr. Ludlow.

CHOREA.

Having, at a preceding lecture, dwelled upon paralysis and its various forms, Dr. Ludlow introduced a patient affected with chorea, to illustrate this disease.

While in paralysis there is a more or less complete loss of muscular motion, often also accompanied by loss of sensation, chorea is characterized by a *loss of control* over the muscular movements. In paralysis the power of muscular contraction is diminished or lost, while in chorea it is exaggerated, and the control or *coördination* of the muscular motion impaired.

This loss of control and coördination of the muscular movements does not, generally, affect the whole body, except in children. It is much more frequently confined to the muscles of the face, neck, and upper extremities.

In the case before us, however, a man 40 years of age, it affects more or less the whole body. You see, when he raises his hands and attempts to bring them down upon his knees, the arms and hands, and even the fingers, fly about rapidly in every direction, while his face undergoes violent contortions and grimaces, and when he walks his legs are flung about in the same manner as his arms.

He has been laboring under this disease for five or six years. He states that before he was attacked with chorea he was sick with bilious fever, and afterward asthma, and he also had at one time chills and fever. We cannot, however, trace his present difficulty to any definite cause. There may, perhaps, be pressure upon some part of the brain or spinal marrow.

In regard to the pathology of chorea, very little is known. In the post-mortem examinations that have been made, (which, however, can be done very rarely, as patients do not die directly of this disease,) the investigations have shown sometimes inflammation, sometimes softening of the spinal cord, and various other lesions. But all these occur in other diseases, where no symptoms of chorea are present, and hence cannot be considered characteristic.

In young children it very often arises from intestinal worms, and disappears when this cause is removed.

A recent German observer states that the disease frequently arises from enlargement of the odontoid process, in consequence of periostitis, tending to thickening of all the surrounding parts, and causing irritation of, or pressure upon, the cord.

Chorea also occurs in pregnant females, and after gestation, in consequence of excessive lactation. In children, fright has not unfrequently been known to be its immediate cause, and all persons suffering from it are easily alarmed. This is the case in the present instance. It also occurs after various kinds of serious illness.

There is one remarkable peculiarity regarding the muscular movements of chorea—they do not appear to fatigue the patient. His head, his hands, arms and legs will undergo rapid and almost constant movements all day, and yet without causing any exhaustion of his strength, as we might expect.

In regard to treatment, it is necessary to remove, if possible, any source of pressure upon the brain or spinal cord which may exist and can be detected.

The most varied remedies have been resorted to in this disease, and almost the whole materia medica has been brought to bear upon it. Very frequently one succeeds while another will not. This depends largely upon the various causes. In cases of chorea occurring in anæmic females, we must resort to chalybeates and tonics, keep up a healthy tone of the skin by active friction, etc. When it occurs in females suffering from amenorrhœa, attention must be paid to the latter difficulty; chorea generally yields when the menstrual function has become regular.

While such treatment is rational, there are, however, other therapeutical agents, which are used empirically, because experience has shown them to exercise a peculiar influence upon the disease. Among this class we have the preparations of zinc, belladonna, conium, and other nervous sedatives.

Arsenic has been largely recommended, especially by German authorities, in large doses, say 4–5 drops of Fowler's solution several times a day. A remedy which has been used much in this city, and with considerable success, is the *cimicifuga racemosa*, given in a decoction of the strength of one ounce to a pint of boiling water, of which a wineglassfull is to be given three to four times a day. It may be combined with the valerianate of zinc. Dr. Ludlow has found it followed by the best results in many cases. It is an expectorant, a tonic, and seems

to exercise a peculiar influence upon the nervous system. It is important to obtain a good article, and to prepare the decoction or infusion in a closed vessel.

WILLS HOSPITAL.

Service of Dr. Hewson.

Reported by H. Earnest Goodman, M. D., Attending Physician.

A SUMMARY OF THE CATARACT CASES FOR OCTOBER AND NOVEMBER.

Whole number of cases, - -	26
Age, under 10 years, - - -	1
between 10 and 20, - - -	1
" 20 and 50, - -	13
over 50 and under 70, -	6
" 70, - - - - -	1
Unknown, - - - - - -	4

Kinds of Cataract—True, 15; False, 8; and Congenital, 1.

Double Capsular,	5;	Single,	3.
" Lenticular,	7;	"	5.
Traumatic,	-	-	5.

Whole number of operations for cataract,	19
" " operated on for the 1st time,	12
" " " " 2d "	4
" " " " 3d "	3

Kinds of Operations—Extraction, 6; Absorption, 13.

Number of anterior operations for absorption, (Keratonyxis,) 5.

Number of posterior operations for absorption, (Sclerotonyxis,) 8.

Number of operations for extraction through Cornea, 4.

Extraction through the Scerotic, with Canula Forceps, (Wilde's,) 2.

Interval between the first and second operation, from 4 to 5 weeks.

The following cases are given in detail as illustrating some points of special interest or novelty:

LENTICULAR CATARACT.

Case 1.—W. M., æt. 21, a jeweler, having a strong, hardy constitution, entered Wills Hospital October 23d, with cataract in the right eye. He could not tell how long the cataract had been forming, as his attention was directed to it by one of his fellow-workmen a week previous to his admission.

Dr. Hewson on the 24th performed the anterior operation for absorption. The patient's pupil having been previously well dilated with a solution of atropiœ sulphat. (g. iii to f℥i,) a curved, conical needle (Jacob's) was inserted in outer edge of cornea, close to the sclerotica, and the lens divided by rotating the needle on its axis, and causing its point frequently to lacerate the capsule in various directions. After division was thus fully accomplished, the needle was withdrawn slowly, and the puncture in the cornea made to gap open, so as to allow some of the aqueous humor to escape. This mode of operating is preferred by Dr. Hewson in soft cataract, as preliminary to the more thorough division of the lens by the Hays' knife needle through the sclerotica in the second operations. For in nearly all cases where division and solution of the cataract is the mode of treatment adopted, the operation has to be repeated at the end of five or six weeks to complete the cure. Nausea and vomiting, Dr. Hewson is satisfied occur more frequently, and are more serious after a first than they are after a second operation by solution or division. So also inflammation is more likely to follow the first than the second operation. Hence, to diminish these risks, Dr. Hewson prefers to perform first the operation through the cornea, (keratonyxis,) as a puncture through the cornea, involing but one structure, and that a non-vascular one, is less likely to be followed by inflammation than when it is made through a number of structures, and these highly vitalized, as in the operation through the sclerotica, (sclerotonyxis,) where the conjunctiva, sclerotic, choroid, or ciliary processes, and often the retina and hyaloid, must be wounded. Then, by allowing some of the aqueous humor to escape at the conclusion of the operation, (the conical form of the needle prevents its escaping before,) compensation is made for the increased distension of the ball, which must otherwise follow the breaking up of the lens, and the nausea and vomiting are thus avoided; at least such is the explanation given by Dr. Jacobs, of Dublin, of the cause of the vomiting; and whether it be correct or not, the fact is undoubted that these distressing symptoms are avoided by the free escape of the aqueous humor, as has been frequently demonstrated in Dr. H.'s experience in this hospital. Thus, to test the matter, he has frequently, in cases of double cataract, operated on one eye only at a time, doing the operation of keratonyxis in one, and, at a subsequent period, that of sclerotonyxis in the other, and the result has been almost invariable nausea and vomiting after sclerotonyxis—freedom from them after keratonyxis. This case furnished an illustration of these facts. The after treatment consisted in keeping the patient in bed for four or five days. Extract of belladonna was applied to the brow, and a solution of atropiœ sulphat. dropped in eye daily. Not the slightest irritation followed the operation.

FALSE CATARACT.

Case 2.—C. F., æt. 30, a domestic, became blind three and a half years ago, after a spell of general rheumatism, which attacked both her eyes. When she entered Wills Hospital, Oct. 9th, she had false cataract in both eyes, and was so

blind as only to be able to distinguish night from day. After a consultation of the surgeons, on the 17th, Dr. Hewson performed the operation of extraction on the left eye, by making an incision in the outer edge of the cornea with Beere's lancet-shaped knife. The eyelids were then allowed to be closed for a few seconds, and extraction then accomplished with fine forceps. The iris not contracting properly, and having a tendency to prolapse, Dr. H. applied Dr. Hackley's galvanic chain battery a few moments over the brow, which had the effect of producing very decided contraction of the pupil and retraction of the iris from the wound. The eye was then closed with gauze and collodion. Extract of belladonna was applied over the brow daily.

Oct. 21. The dressings were removed; pupil well dilated, slightly drawn toward the wound in cornea, with some prolapse of iris.

Oct. 25th. Still want of disposition to heal in cornea, with slight protrusion of iris, and considerable supra orbital pain. Applied the Hackley chain battery, with the immediate relief of pain and contraction of the iris.

Oct. 29. Wound in cornea not yet healed. Touched it with vi. gr. sol. argenti nitrat. and ordered tonics. Sol. atropia dropped in eye daily.

Nov. 20. Wound in cornea has been healed for sometime; pupil keeps well dilated and *quite regular*, although drawn slightly to the outer edge of cornea. Can distinguish colors, and see enough to go about the house generally. As the right eye was not suitable for an operation, she was discharged November 25th.

The point of special interest in this case is the use of localized galvanism to the fifth pair (the supra orbital branch) to produce contraction of the iris, and prevent its protrusion through the wound in cornea; and, although the case was one of the most unfavorable for the purpose, the iris having been very much diseased, the galvanism was eminently successful in effecting the object; and Dr. Hewson intends to give it a fair trial in cases of extraction hereafter, in which there may be tendency to protrusion of the iris.

EXTRACTION OF CAPSULE FROM BOTH EYES BY WILDE'S CANULAFORCEPS.

Case 3.—C. G. H., æt. four years, with congenital cataract, had been operated on twice previously by Dr. Hewson, by division through the sclerotica, with the effect of allowing very good vision. There remained, however, in each eye the opaque capsule of lens, covering almost the entire pupil. After a consultation on Nov. 7th, Dr. Hewson determined to extract these with Wild's canula-forceps. The child being fully etherized, the instrument, with its blades closed, was inserted in the left eye, about two lines from the outer edge of cornea, through the sclerotica, just below the equator of the eyeball, to avoid the ciliary artery, and the points carried forward in front of the capsule. The blades were then allowed to separate and embrace the capsule; they were then closed and the instrument withdrawn, bringing with it the capsule. The considerable size of the latter occasioned some little delay in its extraction through the puncture in the sclerotica. This, however, was effected, and the same operation was then performed in the right eye. No irritation whatever followed the operation in either eye. The child was up and running about the house the next day, and was taken to its home in the country on the following Saturday, four days after the operation.

JEFFERSON MEDICAL COLLEGE.

SURGICAL CLINIC.

Service of Dr. Gross.

ANEURISM.

Chas. M., 33 years old, a shoemaker by trade, presented himself, on the 28th of November, at the clinic, on account of a large tumor in the upper portion of the right side of the chest. On examination, the swelling was found to extend from the collar bone, which it pushed slightly upward, downward to the seventh rib, and from the sternum outward to the shoulder joint; it was most prominent in its upper portion. The integuments covering it were rendered very tense, but did not show any discoloration, nor was there any enlargement of the subcutaneous veins. The tumor was attended with an expansive, heaving pulsation, synchronous with the action of the heart. It felt soft and elastic to the touch, and was very tender. A portion of the sternum, the costal cartilages, a part of the ribs, and probably also some of the substance of the collar bone had been removed by absorption in consequence of continued pressure of the tumor upon these parts. On examining the pulse, the radial artery on the right side was found to beat much more faintly than that on the left. This symptom could be owing either to obliteration of the arteria innominata, to obstruction of the artery from pressure made by the tumor, or to an irregular subdivision of the radial or brachial artery. The latter possibility had to be excluded, as no pulsation could be perceived on the outer side of the radius where, in case of anomalous distribution, a branch of the artery would most likely be found. On applying the ear to the tumor no sawing, rasping, or bellows sound could be detected. The patient, who looked pale and emaciated, stated that he had been in bad health for about three years, suffering from palpitation, pain in the chest, and occasional dyspnœa. The

tumor made its appearance about a year ago, near the junction of the clavicle with the sternum, and had at first been rather slow in its growth, but had increased very rapidly within the last three weeks. The patient has no trouble in breathing when standing or sitting, but suffers from distressing dyspnœa when attempting to lie down, and has to sleep in a half sitting posture. His appetite is good, his bowels regular; he has no difficulty in swallowing, as would be the case if the tumor were pressing upon the œsophagus. For the last eight months the swelling has been the seat of very severe pain, shooting down the arm, for the relief of which the patient has been accustomed to take large doses of morphia.

From the appearance and situation of the tumor, the symptoms, and the history of the case, the tumor was made out, without difficulty, to be an aneurism of the arch of the aorta, involving, perhaps, the innominate and subclavian artery. The absence of the peculiar aneurismal sound in the tumor, Prof. Gross attributed to the sac being probably filled, to some extent, with hard clots. The prognosis of the case could not be but very unfavorable, for if the tumor should not burst from ulceration of its walls, as is most probable, the patient will die from the cachectic condition induced by so serious a disturbance in the functions of circulation and hæmatosis. The patient had been advised to take 5 drops of the tincture of veratrum viride three times daily. Prof. G. proposed to add to this prescription, gr. iss. of acetate of lead, and gr. ij. of opium, with a view of promoting the formation of clots. A well-regulated diet and rest in the recumbent position were enjoined, as a very important part of the treatment.

NEW YORK HOSPITAL AND CLINICAL REPORTS.

TRAUMATIC EPILEPSY.

A typical case of traumatic epilepsy appeared at Prof. Van Buren's clinic. The patient, a boy about 14 years old, presented a marked external indention of the skull, situated on the parietal bone, the result of a blow inflicted about nine years ago. His paroxysms, which had been occurring about once in two weeks, had been growing more and more frequent, and presented the usual characteristics of epileptic seizures. His mental faculties had begun to be markedly deteriorated, as usual in such cases. The injury was of a character calculated to produce a depression of the internal table; and Prof. Van Buren said we were warranted, both from experience and from the nature of the injury, in assuming the probability of either some roughness or depression of the internal table, at or near the seat of the injury. A portion of it might have become detached, just as the plaster of a ceiling does when a blow is struck upon the floor above, and might be keeping up a constant peripheral irritation. This irritation was a prolific cause of the affection, and cases frequently recovered easily and rapidly upon its removal.

The chances, as to a successful issue, were so good as to authorize a recourse to the trephine.

Other agents, however, than those immediately connected with the injury, as, for example, those connected with the development of the sexual system, might take up the irritation, so to speak, and perpetuate it, supervening upon the "habit" directly engendered by the results of the injury. The possibility of such influences being in activity, complicated the prognosis in all these cases.

Dr. Van Buren stated that he had cured a case some time ago by the use of the trephine, a young woman, in whose case the cerebral functions had become seriously compromised. She had obviously no prospect before her but that of idiocy or lunacy, should the disease be allowed to run on without some mitigation.

Upon operating by the trephine, the cause of all the mischief was found in the shape of a very small spur of the internal table of the skull projecting into the cerebral substance. Upon removal of this irritating agent, the paroxysms ceased altogether, and the patient recovered entire health.

The prospects of relief were, by far, greater in these cases than in those termed idiopathic.

The patient was etherized—Dr. Van Buren stating he had found, by experience, that no ill effects followed the administration of anæsthetics in cases of epilepsy. Everywhere the anæsthetic agent did occasionally induce one of the pathognomonic paroxysms of the affection; the effects of this were more than compensated for by the facilitation afforded to the operation by its use.

A conical incision of the scalp was made as exactly as possible over the seat of the wound, which was marked by a cicatrix, the trephine applied cautiously toward the anterior inferior angle of the left parietal bone, and a disc removed involving the seat of the injury.

There was no particular danger about this operation, Prof. Van Buren said, unless the dura mater should be adherent to the skull at the point of trephining, and a portion removed with the disc of bone. Hernia cerebri might then supervene.

Upon the removal of the disc at the seat of injury, no roughness or projection was found—no adhesions or diseased condition of the dura mater—nothing apparently calculated to give rise to the affection under which the patient labored.

A second disc was then cautiously removed at a point lower down, and a communication made between the two openings by removal of part of the intervening bone—thus making one

irregular opening. Nothing whatever was found on the internal surface of any portion of bone removed which might be supposed to have given rise to the symptoms; no roughnesses nor projections of any kind. The dura mater was not at all involved. The probe was used as freely as was advisable around the margin of the opening, but nothing whatever abnormal recognized.

Dr. Van Buren remarked that, in the obscurity attending these cases, experience told us that, notwithstanding our failure in recognizing any lesion which might be thought efficient in the production of the affection, we might still hope, with some confidence, for a benefical result. This might accrue possibly from giving the brain more room, and relieving it from pressure.

The wound was closed by suture, and a simple dressing applied. C.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

[Reported by Wm. B. Atkinson, M. D., Recording Secretary.]

Wednesday Evening, Nov. 14.

Dr. Remington, President, in the Chair.

MORBID SPECIMENS—DIPHTHERIA.

An interesting specimen of heart clot, obtained from a diphtheritic child, was presented for inspection by the members, accompanied by a letter from Dr. Jacob Price, of West Chester, giving an account of the case. He says: "The specimen of fibrinous concretion or deposit was taken from the right side of the heart of a diphtheritic patient, aged six years, sick three days. The exudation covered the velum, tonsils, and pharynx, but did not extend to the larynx or œsophagus. There had been three cases in the same family, (two of them fatal,) in June last. On the 2d of Nov. a boy, aged 13, was attacked, and died on the 9th. On the same day, the subject of the present notice was attacked, and died on the 12th. In none of these cases could the fatal termination be fairly attributed to the local disease of the throat; in none were croupal symptoms well marked. There were in all, at an early period, symptoms of great depression of the vital powers; the action of the heart very labored; pulse frequent, exceedingly feeble, sometimes scarcely perceptible at the wrist, while the patients were still able to walk. This muscular power sometimes continued to within a few minutes of death. So many fatal cases occurring in one family naturally caused considerable excitement in the neighborhood, and induced the family to accede to a post-mortem examination in the last case.

"*Autopsy.*—The abdominal organs presented no abnormal appearance, except the liver and kidneys were congested with blood, the former enormously so. The cellular tissue of the front part of the neck and chest was infiltrated with a sizy, transparent liquid. The mediastinum was in the same condition, except that it was slightly emphysematous; lungs normal, except, perhaps, a slight emphysema; mucous surface of trachea slightly congested, and somewhat coated with muco-purulent matter; œsophagus normal; external aspect of heart perfectly natural; on opening it, we found a firm mass on each side, more or less firmly adherent to the walls of the cavities, to the columnæ carneæ, and to the chordæ tendineæ; that upon the right side was much the larger, and very firmly adherent to the internal surfaces of the auricle and ventricle. To separate it from the latter, the aid of the handle of the scalpel was required. The clot upon this side was a continuous mass of nearly pure fibrin, which commenced in and partially filled the right auricle, passed through into the ventricle, becoming interlaced with the tendinous chords, and clogging the tricuspid valve; and thence into the pulmonary artery, and through its two branches into the second division of each in the right and left lung. Its bulk, at all points, was more than half of the diameter of the vessel that contained it."

This case, as well as the others referred to, occurred in the practice of Dr. John Lewis, of Willistown, Chester county, with whom Dr. Price was associated in consultation.

Dr. P. further remarks:—"In other cases of diphtheria, I have seen death follow a similar train of symptoms, the throat symptoms being entirely insufficient to account for the result. In all, there were this embarrassed action of the heart and failure of the pulse. I have examined carefully, but have been unable to find any observations bearing upon this condition. It is usual to ascribe sudden deaths from diphtheria to a depressing action of the poisonous element of the disease upon the nervous centres, as in the malignant form of scarlet fever, but I am not altogether satisfied with this process of reasoning. The point which arises in my own mind is this, was the formation peculiar to this case, or is it not rather the usual cause of death in those instances where the throat disease is insufficient to account for the result?"

Dr. R. P. Thomas, who exhibited the specimen, remarked that, in his opinion, it only differed from the more perfect specimens of organized heart-clot, found after death in other diseases where the heart's action has been feeble and frequent, in its size and extent, and in the purity of its fibrin. He was disposed to ascribe its formation to an original sub-acute endocarditis, and a subsequent deposition of the fibrin of the blood upon the roughened surfaces thereby produced. Beyond this, however, there is the more im-

portant question for the earnest consideration of the members, whether the cause of death was mechanical, from the blocking up of the cavities and vessels, or whether there was not an absolute dyscrasia of the blood, (as shown by the presence of so large a body of fibrin,) from which the child would have died a little later, even though the deposition had not taken place? In either aspect, the case illustrates the importance of examining the condition and action of the heart in diphtheria, in order that we may obviate the tendency to death.

Dr. NEBINGER said he had listened with much attention and interest to the remarks of the gentleman who presented the specimen which is on the table. He had examined it, and could not see about it anything very unusual from such formations or deposits which are found in the hearts of those whose death has been slow in its progress. In regard to the fact that the body was very firmly attached to parts of the endocardium, he thinks the suggestion of Dr. Thomas has force, "that there might have been some endocarditis, and that lymph might have been thrown out, and the clot, while forming in the heart, have become mechanically attached" to the lymph, and thus have produced the difficulty which existed in detaching the body from parts of the endocardium.

In illustration of this point, he would say that a few months ago, he attended a boy of about twelve years, who had a most violent attack of diphtheria, so called, or scarlet fever without the rash. The angina was very severe, and the constitutional symptoms grave. The deposits upon the tonsils were removed, the angina gave way, all the bad symptoms had faded, and he looked forward to a sure but tardy convalescence on the part of his little patient, when he was seized with pains in his joints and soreness in his limbs. In other words, he was attacked with rheumatism as a sequel of his attack of the diphtheritic variety of scarlet fever. The rheumatism extended to the chest, and symptoms sprang up which excited his fears that the heart was involved. Upon examination he was satisfied of the fact, and diagnosed endocarditis. His patient, after a few days' suffering, died. He did not give a certificate of death in that case as being caused by diphtheria, but of disease of the heart. Now for the application of these facts. If an autopsy had been held, he had not a doubt there would have been found in the cavities of the heart, clots, and on the endocardium, lymph, to which the clots would have been "mechanically attached," and nothing more, the mere attachment giving little, if any, basis for the conclusion that such bodies were false membranes or diphtheritic deposits in the cavities of the heart. He thinks, upon a close and careful examination, the specimen before the Society will be determined to be nothing more or less than heart clots, the polypoid formations, or heart polypi, of the older pathologists and writers.

Dr. GROSS remarked that the question arose whether the deposit was one of lymph or a mere heart clot similar to those we so often find. He was inclined to the opinion that it was a heart clot, not exactly one merely of the fibrine of the blood, but the result of the slow action of the heart. He considered that the specimen should be carefully examined, microscopically and chemically, and be reported on at a future meeting. A decision is of vast importance, as influencing the treatment of similar cases.

On motion of Dr. CORSE, the specimen was referred to a committee, composed of Drs. Thomas and Woodward, for examination, said committee to report at the next conversational meeting.

RUPTURED UTERUS.

Dr. GOBRECHT presented for inspection a ruptured uterus. The case, a seventh pregnancy, occurred in the practice of a friend. The laceration was on the left side of the posterior aspect of the organ, commencing at the fundus, and was L shaped, (the lower branch of the L passing transversely from left to right, just above the os;) it did not extend into the vagina. The os uteri was perfect, hence the touch failed to afford a true diagnosis.

There was at the time of the first visit of the physician, a slight bloody discharge, and the pains, which were infrequent, closely resembled after pains. The os was but little dilated, yet a placental presentation was made out, and on the occurrence of slight hæmorrhage the soft cotton tampon was introduced, and leeches were applied to the abdomen to relieve tenderness, which had previously manifested itself. No unusual appearance of the abdomen was at any time observed. Death, from gradual exhaustion, occurred on the seventh day, the patient being undelivered.

On post-mortem examination, a large hydrocephalic child was discovered entirely exterior to the uterine cavity; the posterior wall of the womb at the lower part of the laceration was gangrenous; the placenta had been detached from the fundus, and was applied to the os; not more than a half pint of blood was found in the pelvic cavity. No doubt the rupture occurred prior to the first visit of the physician.

The president inquired what Dr. Gobrecht believed to be the cause of the rupture. Dr. G. replied he had supposed that the over-distension of the gangrenous womb, at the onset of uterine contractions, sufficiently accounted for it, until very recently informed that a flat-iron falling from a mantel to which the patient was reaching had struck her in the abdomen, on the morning of the day on which her physician had been called.

ASCARIS LUMBRICOIDES ENTRAPPED.

Dr. Gobrecht also exhibited an ascaris lumbricoides, which had passed partially through the perforation of a large glass necklace bead that had been swallowed by a child; the worm was discharged dead with the bead upon it. *A new anthelmintic!*

Dr. Nebinger had seen an ascaris l. twisted about the hook of a lady's dress.

Dr. Gross mentioned that he had seen an ascaris l. which had committed suicide in a similar manner by entering the eye of an ordinary button.

THE TENDENCIES OF THE PRESENT DAY IN REGARD TO THE DOCTRINE OF DEBILITY AND THE TREATMENT OF DISEASE BY STIMULANTS.

Dr. Samuel D. Gross introduced the subject for discussion by remarking upon the numerous revolutions in medicine. Change is written everywhere. Each age has its absurdities and inconsistencies. This is natural so long as each one acts as a free agent. Were there no changes there would be no sound progress, and the science would become stagnant.

It requires no prophetic eye to perceive that we are on the verge of a most fearful revolution in medicine; hence it is proper to pause and inquire, "Watchman, what of the night?"

The tendency of the medical profession at present is to the abandonment of all active depletory measures and to the employment of stimulants, on the ground that a change has occurred in the type of disease, and that man is no longer able to bear the former active treatment. Many practitioners even coincide with the late Dr. Todd, of London, in the belief that leeches can never be used with safety.

The inquiries of the present paper will be two: first, has there really been any change in the type of disease? and, secondly, are the people of the present day less capable of resisting active depletion? The endeavor will be to show that both of these views are untenable; that they originate in misconception and superficial observation. The stimulant treatment is not new. We find in the last century, all over Europe, the Brunonian system exercising a powerful sway over the minds of many otherwise enlightened practitioners — some even supposing that in it they had discovered the philosopher's stone in the treatment of disease. John Brown, the author of this theory, pretended to have made a stupendous discovery, founded upon his own personal experience. The speaker then gave a brief biography of this remarkable personage, and the progress of his doctrines through England and the Continent, especially in Italy and Germany.

After this brief digression, the lecturer came to the consideration of the two questions proposed.

Is there really a change in the type of disease? and is it true that mankind are unable now to bear depletion when laboring under inflammation as well as in other times? To the first he would reply in the negative. In a practice of upwards of thirty years, he had seen no reason to justify such an opinion. Diseases seem the same now as when he entered upon the practice of medicine. Even in epidemics no change of type seems to have occurred; but in ordinary inflammatory diseases the only changes to which they are liable are dependent upon individual peculiarities, etc. In point of facts, the morbid action is essentially the same, varying in degree but not in character. The same causes which were in operation thirty years ago act now.

Entertaining these convictions, he need scarcely say that the treatment so much insisted on by Bennet, Todd, and others, of all inflammatory affections by stimulants has not only no foundation in truth, but is at direct variance with the best interests of the sick and the reputation of the physician. It is difficult to conceive how any enlightened physician can bring himself to entertain such a belief.

The only safe way to treat disease is to look at every case as making its own laws, which have reference to the exciting cause, the structure involved, the duration of the attack, and the prior state of the system. If the stimulant school see nothing but reduced action or depressed vital power, it proves pretty conclusively one of three things: that they are incapable of making accurate observation, that they are blinded by prejudice, or that they have to deal with a class of patients whose habits and conditions are such as to forbid the employment of any other method of cure. The first two we cannot believe, and we therefore come to the conclusion that these gentlemen deal only with depraved, worn-out constitutions. But here we are at fault; such an idea would be absurd—they must certainly encounter occasionally a stout, robust patient. Nor can it be the stage of the disease at the time of their arrival on the scene. Fashion, all are aware, has its influence in medicine as well as dress. John Brown, a dissolute doctor, became the leader of a new sect in medicine which retained its supremacy for nearly a quarter of a century—its sole basis being the relief which he experienced from alcoholic potations and laudanum when suffering with the gout. Unity of disease and the lancet were the great weapons of Rush. Purgatives ruled at the time of Hamilton. Dyspepsia, disease of the liver, etc., each had their turn as the fashionable disease. At present every thing is a change of type in disease, and stimuli are the remedies; bleed the patient, and he dies; purge him actively, and if he recovers it will be very slowly. Just now the cellular pathology of Virchow is coming into notice, and seems destined to enslave to a great extent the medical mind. Although most medical

men, as well as the community at large, at present regard blood-letting with terror, yet it has been beneficially employed millions of times. No doubt it has been abused. We can hardly reconcile with our notions of propriety the loss of *two*, much less of *three, hundred* ounces of blood in the course of a few days for the cure of an idiopathic or traumatic inflammation, and yet such cases are easily found of a well-authenticated character in the annals of surgery.

Dr. Francis, of New York, distinguished alike as a skillful practitioner and an accomplished scholar, is a living monument of this heroic treatment. In a violent attack of croup, he lost, in a few days, nearly three hundred ounces of blood. Physick, in an attack of yellow fever, in 1787, was bled to the amount of one hundred and seventy-six ounces. No one at the present day would dare to follow such an example. It is no longer the fashion; the lancet grows rusty in its case, and the cutler has almost ceased to manufacture it. Even the occupation of the leecher is almost gone. When a student in this city, thirty-two years ago, it was common, in attacks of acute pleuritis, to bleed the patient three or four times, and sometimes even that often a day—the same orifice being repeatedly opened for that purpose.

If we inquire into the causes of these revolutions, we shall find them not in a change of type, or in the powers of the system, to withstand the effects of inflammation, but in a greatly enlarged knowledge of remedies and of their applicaton to the cure of disease. The use of quinia and morphia is now much better understood than formerly, and the antiphlogestic virtues of aconite and veratrum viride were entirely unknown until a very recent period. Quinia has become the great remedy in malarial affections; opium is a powerful adjuvant in allaying pain and procuring rest both to the part and the system, and aconite and veratrum viride exercise so astonishing an influence in controlling arterial action as to render them special favorites with every enlightened practitioner. They have, in fact, taken the place of the lancet, tartar emetic, etc.

Thus we readily see why blood-letting has fallen into desuetude, unmerited certainly; for, spite of all, an early spoliative venesection and the judicious use of the more heroic articles of the materia medica would often do more in saving structure and function than any of the present popular remedies.

Practitioners are too prone to go to extremes and be led away by specious theories. Losing sight of common sense, and forgetting the teachings of experience, they readily grasp the shadow and forsake the substance. Hence, the discordant views which so constantly agitate our profession, perplexing the public mind, and impairing our influence. Hence the stronghold which all forms of quackery have taken upon the people.

The past is pregnant with useful lessons. It teaches, on the one hand, the futility of all exclusive systems of medicine, and, on the other, the importance of being governed in our views of pathology and practice by common sense, aided by a chastened experience, which holds fast to the good and useful, and discards that which is hurtful. Its motto is enlightened, unprejudiced conservatism, ever ready to enlarge its boundaries by cautious observation and induction, and resolved to avoid exclusivism in every form. Standing upon this elevated and philosophical platform, rational medicine avails itself of all that is useful in mitigating or curing disease, not disdaining the lancet, etc., on the one hand, or, on the other, a recourse to stimulants.

In conclusion, while proclaiming himself an advocate of an enlightened eclecticism based upon experience, reasoning, and philosophy, he stated emphatically that he was not an advocate of large doses, or of the indiscriminate use of any medicine whatever. A judicious combination of a few well-selected articles, or occasionally the exhibition even of a single substance, united with absolute rest and a proper regulation of the diet, will generally accomplish the object much better, immediately and prospectively than the polypharmacy and heroic treatment so much in vogue in certain quarters only a few years ago. As the practitioner grows older, he almost uniformly gives less medicine, satisfied that he is generally only the assistant of nature, and not her master.

Dr. COATES found the subject very copious, and one that might lead the discussion into many ramifications. He remembered some very striking changes of opinion, to which it was demanded that we should surrender our judgments. Many years ago, when Dr. C. was a resident in the Pennsylvania Hospital, the late Dr. W. P. had just arrived from Europe, brimful of the doctrines of Professor Broussais, of whom we had never before heard. At an early period, nearly the following conversation occurred, which Dr. C. would promise to rehearse correctly, and even accurately; although, in this point, we omit the style of the Society of Friends in which it took place.

A. "Why, doctor, they tell me you say that there is no such thing as fever! Is that so?"

B. "To be sure, it is so. There is no such thing."

A. "Why, what ails that patient in the ward, then?"

B. "Why, all those appearances [meaning the general phenomena of the case] arise from the pain!"

A. "Pain! Why the man feels no pain. I examined him particularly on that point this morning."

B. "Oh! but that is because he cannot perceive the pain. The brain is in a state of oppression, and cannot perform its functions."

A. "Well! but, doctor, how is it possible that

the heat, the frequency of pulse, the thirst, and other general effects can be produced by a pain which the man does not feel?"

B. "It is all owing to the pain of the organs—the suffering of the organs."

This was evidently a translation of Broussais's phrase, "Le cri de douleur des organes souffrants." Such a strange, vague, metaphorical, and poetical use was made of words in a case calling for the utmost strictness and clearness of language!

After a remonstrance on the inconvenience of such expressions, the term "fever" was explained to mean *idiopathic* fever, not arising from local inflammation. On this, the respondent, then young, refrained from the expression of an opinion, but inclined for the time, and until he should accumulate further study and observation, to the same conclusion.

Almost without a pause, Dr. C. was then assured that "there was nobody in the whole world that knew anything at all about the practice of medicine but the French, and none of them but Dr. Broussais." The respondent, willing to include his senior in the list of well-informed physicians, proposed adding "and his pupils." "And his pupils," was the rejoinder.

Another pause then ensued, succeeded by the following:—

A. "Well, doctor, since you say so, I am willing to believe that Dr. Broussais has made the most valuable discoveries and improvements; and that they have been of the greatest use in his own country, and will be so to us when we shall get to understand them, but, to set down all the observations of all sorts of men, of all degrees of talent and knowledge, in all ages of the world, and in all nations, as equal to nothing, seems to me extravagant."

B. (With a very quiet and patient manner,) "I said nothing at all about discoveries and improvements. What I said was, that there was nobody in the whole world that knew anything at all about the practice of medicine but the French, and none of them but Dr. Broussais."

A. "And his pupils?"

B. "And his pupils!"

After this, little remained to be said.

When an interval of years had elapsed, Dr. Coates became the senior physician of the Pennsylvania Hospital; and, at the same time, was an editor of a journal. He then deemed it his duty to make public trials of the Broussaisian method of treatment. This opened another wide field for discussion before the Society; but Dr. Coates would confine himself, on the present occasion, to a most peremptory and unqualified denial. He denied, in this manner, that he, and those who co-operated with him, had *ever* taken excessive quantities of blood from patients affected with fever, or that they had *ever* starved such. It was very rarely that patients had leeches or cups applied to them more than twice, and he did not believe that any individual had been subjected to another process more than three times.

Now, with American leeches, no European ones being employed, those used averaging a small size, and not a very good quality, he investigated the fact with very great care, and a number of times, and became absolutely certain that thirty or three dozen such leeches very seldom ever occasioned the loss of more than 4 ounces of blood, and did not probably average more than $3\frac{1}{2}$. Now, 3 times 4, or 12 ounces, 3 times $3\frac{1}{2}$, or $10\frac{1}{2}$ ounces, still less twice 4, or twice $3\frac{1}{2}$, or once either 4 or $3\frac{1}{2}$, were not extravagant quantities of blood to be drawn from fever patients.

The next god of the idolatry of comers from Paris was Professor Louis. From one of his most respected and influential pupils, Dr. C. received the following propositions:

Professor Louis had reduced important parts of the science of medicine to a certainty equal to that of the mathematics, and was doing the same service by more of it.

So very little was really known in medicine that the interlocutor believed it could be all contained in a very small book, no bigger than "*that*," exhibiting part of what printers call a "twenty-four-mo," about the fifth part of an inch thick.

A proposition demonstrated by Professor Louis' method was absolutely certain, and could not be controverted by any means whatever.

This required the thorough examination of all parts of the patient's body after death.

No notes not actually written at the time and on the spot were worthy of the least confidence.

No physician's experience of any case, or number of cases, was of any value for more than two years. After that, all inferences became conjectural and uncertain.

No tubercle ever occurred in the lungs, unless there was one at the vertex of the lungs.

No tubercle ever occurred in any other part of the body, unless there was one in the lungs.

From these two last and other special rules, exceptions were continually occurring, and they were sometimes more numerous than the exemplifications of the law. Two cases of exception in succession occurred in negroes; and it was then apprehended that the rule would turn out to be that negroes differed from white men in this respect, and followed the example which Dr. C. thought laughable, of children and monkeys. This was stated to be that tubercles in such were equally disseminated throughout the lungs. They are irregularly scattered, and not equally so; nor do disseminated tubercles occur at all in any characteristic frequency in the case, the tubercles being generally of the common size.

With regard to the present new doctrine, the speaker was glad that Dr. Gross had, with so much justice, described it as a revival of Bru-

nonianism, which had been so generally held to be confuted long ago. The practice had been amply tried in this city by Dr. Parrish, who, as well as his compeers, had found it necessary greatly to modify it, in accommodating it to daily judgment, experience, and the variety of cases.

The present discussion called for an account of Dr. Samuel Colhoun's cases. These were a series of fevers of a mild typhous character, and all of which would probably have recovered under any treatment that did not too wildly diverge from good sense, prudence, and humanity. Dr. Colhoun lost none of them; and the treatment, besides hygienic cases, consisted exclusively in as much as they could be induced to swallow of arrow-root and other watery nutrients. Dr. C. could state that the pulse, in every instance, became fuller and softer after the institution of this practice in the individual; but, except annoyance at being urged to drink, there was no other remarkable character in them. It is most probable that they were mild dothinenteric cases.

(*To be continued.*)

NEW YORK ACADEMY OF MEDICINE.

NOMINATIONS.

The Academy held a stated meeting at the University on Wednesday evening, Dec. 5th, the President, Dr. WATSON, in the chair.

The President stated that to be the meeting for the presentation of the annual reports, and called upon the Recording Secretary, Dr. THOMAS, for a report of the transactions of the Academy for the year 1860.

It was shown by the report that, during the past twelve months, one special and nineteen stated meetings had been held, showing a deficiency of four stated meetings. On two occasions a quorum could not be obtained—one was omitted on account of the meeting of the National Medical Association at New Haven, and one on account of its falling due on the Fourth of July.

The meetings had been all of an interesting character. Seventeen essays had been read before the Association, being an average of almost one for each stated meeting. Dr. T. read a list of the subjects of these papers, and also of the discussions which had been held. Many specimens of interesting curiosities had been presented.

Two committees which had been appointed, one on the revision of the pharmacopeia and one on the sale of poisons, had made able and lengthy reports.

The various sections had sent in their reports regularly.

Death had deprived the Society of two members only—Dr. Chas. E. Isaacs and Dr. Robt. Ray.

In concluding, the Secretary explained the fact of the meagreness of his minutes, by stating that the Academy had employed a stenographic reporter, and established a bulletin, in which full minutes were regularly published.

The minutes of the Council were next presented.

Ten meetings had been held, each attended by more than one-half the members. Financial matters had been arranged, and delegates sent to the National Medical Association and the Sanitary Convention. A stenographic reporter had been appointed, and a bulletin established, in which semi-monthly stenographic reports were published and presented to each fellow.

The Fourteenth Annual Report of the Treasurer was next read.

It showed the financial affairs of the Academy to be in a salutary and gratifying condition, notwithstanding increased expenditures. The Treasurer concluded by introducing a resolution to the effect that the subscription list instituted for sustaining a stenographic reporter be cancelled, and the money already collected be refunded, since the annual assessment would probably obviate the necessity for it.

An animated discussion followed on this point, and it was finally resolved that the funds should be placed in the hands of the Trustees, for the benefit of the building fund.

The Corresponding Secretary's report was then read and adopted.

Next came the annual report of the Committee on Admissions. Eight sessions had been called, at four of which a quorum had failed to appear. Five gentlemen had been admitted as resident fellows, four as honorary, and one as corresponding fellow.

The Annual Report of the Board of Trustees was then read, involving that of the building fund.

This report having been adopted, Dr. J. MCNULTY resigned his appointment as delegate to the State Medical Society on account of peculiar circumstances.

Dr. GRISCOM also resigned a similar appointment, to make room for some one else, he having been elected a permanent member of said Society.

Dr. WATSON then stated the next business in order to be the nomination of officers for the ensuing year.

The polls having been declared open for Presidential nominations, Dr. MCNULTY nominated Prof. Alonzo Clark, adding some remarks highly complimentary to that gentleman. Dr. McN. considered him in every respect a representative man of the profession.

Dr. White nominated Dr. G. Buck; Dr. Blumenthal, Dr. William Detmold; Dr. Foster, Dr. Anderson; Dr. Van Cleaf, Dr. Jas. R Wood; Dr. Gardner, Prof. Post; Dr. Minor, Dr. J. C. Dalton.

The polls for this office were then declared closed, and those for Vice-Presidential nominations open.

Dr. McNulty nominated Dr. Barker; Dr. Van Cleaf, Dr. Buck; Dr. Finnell, Dr. Post; Dr. Gardiner, Dr. R. S. Kissam; Dr. Detmold, Dr. Minor; Dr. Carrington, Dr. Peaslee; Dr. White, Dr. Underhill; Dr. Cooper, Dr. Van Cleaf; Dr. Batchelder, Dr. Pond.

The polls for this office were then closed, and nominations made for a vacancy in the Board of Trustees. Dr. Kissam was nominated by Dr. Gardner, and Dr. Bolton by Dr. Finnell; Dr. Harris was also nominated.

For a vacancy in the Committee on Admissions, Dr. Finnell was nominated by Dr. Blumenthal, and Dr. Hinchen by Dr. Van Cleaf. Dr. Gouley was also nominated.

For the Committee on Ethics, Dr. McNulty nominated Dr. Detmold; and Dr. Gardner, Dr. Barker for re-election. Dr. Bulkley was also nominated for re-election.

For the Committee on Medical Education, Dr. Finnell nominated Dr. O. White; Dr. Harris, Dr. Haworth and Dr. Mc Nulty, Dr. Griscom.

On motion, the polls were re-opened for Vice-Presidential nominations, and Dr. Krakowitzer nominated.

It having been stated incidentally that no one could be voted for when the time came, for any office, who was not then and there nominated, Dr. Post questioned.

Upon reference to the by-laws, it was decided that such was the case.

Upon motion, the polls for Presidential nominations were re-opened, and Dr. Peaslee nominated.

WRITING PRESCRIPTIONS—WEIGHTS AND MEASURES.

Dr. Squibb then read a report from the section on Materia Medica, in reference to the manner of writing prescriptions.

A great improvement in regard to this matter was demanded. The comparatively little progress in the profession in regard to this thing was due principally to these three causes: its estimation as a trivial matter; ignorance of the fact of progress having been made in regard to it; and failure on the part of teachers to give it due prominence.

The use of correct and elegant language was always a mark of refinement—as well in the writing of prescriptions as in public and social life.

He cited a great many examples of errors and superfluities in common use in the language of prescriptions, which were inexcusable, in view of significance, accuracy, or elegance. He went over almost every article of the Materia Medica in common use, exposing many inaccuracies, inelegancies, ambiguities, and bad Latinicisms, often employed by men considered well educated.

Often when the right article was put up, it was because the Pharmaceutist put up something not really ordered, knowing what was meant. A bright color, or some other obvious sensible property, was frequently seized upon for descriptive purposes, instead of a definite chemical composition.

It was unscientific and mischievous, in writing for certain compounds, to write for the Sol., Tr., or other preparation, as the case might be, of any *man*, instead of doing so by giving the constituents in their proper proportions; e. g. Labarraques sol., McMunn's elixir, Magendie's sol., Huxham's tr., etc.

In remarking upon the size, form, and style of prescriptions, he said the paper should be ample, thus tending to prevent the habit of bad abbreviations. A prescription should be a plain, terse note to the Pharmaceutist. It should not be considered as belonging to the patient, but should become the legitimate property of the Pharmaceutist, as his voucher; as much so as any receipt or private letter.

A proposal had been made lately by Mr. Taylor, of Philadelphia, to abolish in part the symbols for the ounce, drachm, etc., the words to be written out in full, leaving the symbols to be used only for fluids; and also to use the common Arabic numerals instead of the Roman. These changes would prevent many mistakes.

The directions should be in English, plain and concise. If lengthy and minute, should be written out in full, and left with the patient; not sent to the pharmaceutist, as they could do him no good, and might be a source of perplexity. The dose, however, should be upon the label; thus giving a chance of detection of fatal error by the intelligent apothecary.

Dr. Gardner, in allusion to something contained in the paper read by Dr. Squibb, said he was one of those who, in writing for calomel, wrote hydrarg. sub-mur., or oxy-mur. We must remember the old adage, "once learned, twice learned." He had learned the old appellations and ways when young, and had never been able to get them out of his head since. He had learned from his old preceptor, and his boxes and vials. By a great deal of attention he had never been able to get thoroughly posted in the modern methods and names, and had at length settled down quietly in the old.

He had always written his directions in Latin, till the following occurred. He wrote (in Latin) for a patient to take a grain of opium every four hours, until sleep ensued. Through a mistake of the apothecary, in interpreting the directions, the patient began to take a grain every fifteen minutes. She was soundly asleep, however, before she had taken enough to do her serious injury.

He did not know how to write to suit the apothecaries now-a-days. He once directed paregoric for a child, writing it tr. op. camph.; the apothecary took it for tr. *of camphor*, and, as a consequence, when he saw the child again she was in a comatose state.

In changing from what one had once learned thoroughly to something new, there was a great liability to mistakes. He fully recognized the propriety of *learning* aright, but it was too late for him now.

Dr. GREEN said he had been much interested in the paper read by Dr. Squibb, thought attention to the subject was needed by them all, and hoped it would be printed, and a copy placed in the hands of each member. Some things, however, that might appear at first sight to be superfluities, were not so, but in reality safe guards.

Another member suggested that prescriptions be sent to graduates of the School of Pharmacy only. (Applause.) It was a rule of his to send to one particular store, kept by a graduate in pharmacy, or furnish the medicine himself. He thought it of importance not to change about, but to select a good pharmaceutist, and, as far as practicable, employ him exclusively.

Dr. GARDNER, in reference to a suggestion in regard to always carrying ink, said it was impracticable in the ordinary way, but gentlemen would find the fountain pen exactly the thing needed.

Dr. SQUIBB then read a paper on proposed changes in Medical Metrology.

The advantages proposed to be gained by a change were, a riddance from our own imperfect and bungling system, involving two sets of weights, having the same names with different values, and uniformity with the metrological systems of other pharmacopœias, involving, if possible, the ultimate adoption of the best one.

The necessity of a change being admitted, unquestionably we should aim at the adoption, sooner or later, of the most perfect existing system. This was the decimal system of France. Such a change should be authorized by legal enactment, and popularized by free and full discussion; and when the pharmacopœia was again revised, might be safely and judiciously made.

Uniformity with England was desirable from consanguinity and community of language and interests; and it had been proposed that we should adopt the English system. The objections were that we could not do it rapidly and completely—could not do things of that nature authoritatively and thoroughly, as they could in Great Britain—could not compel pharmaceutists to adopt it; and that such a course would involve all the confusion and inconveniences of two radical changes; for every far-seeing man must look forward for a time, not far distant, when the decimal system, indisputably and infinitely the best, would be the universal one.

We had better make no complete change unless to the French system.

Dr. S. offered, in effect, the following preamble and resolutions:

Whereas, The New York Academy of Medicine fully recognizes and appreciates the necessity of a speedy and thorough change in American medical metrology; *and, whereas*, no efficient action has as yet been taken on the subject: therefore, be it

Resolved, Firstly. That this Academy offers to the Committee on the final revision of the pharmacopœia its judgment on the subject, as a voluntary communication, to aid the committee in arriving at the result of their convictions the best.

Secondly. That, in the judgment of the Academy, the best change that can be effected is one involving a conformity with the system of the British pharmacopœia.

Dr. GARDNER moved that action on the resolutions be postponed.

Dr. HARRIS was in favor of immediate action. He moved a consideration of the resolutions separately.

Dr. MCNULTY moved to postpone until the second meeting in January.

Dr. Squibb said the resolutions he had offered were altogether in opposition to his own views on the subject. He put them forth as a feeler, wishing to obtain the sense of the Academy. If they had been adopted, he would have had nothing more to say in the matter. If they had been lost, he would have presented a substitute representing his own views. As there appeared to be a disposition to postpone, he would read the substitute he had prepared, (about which he had intended to say nothing, had the resolutions been adopted,) and then move to lay the whole matter over.

The plan proposed by Dr. S., as a substitute, was as follows:

The retention of our own system, but a restriction of it to prescriptions alone, until a complete change could be made to the decimal system. At the same time, the incorporation of the decimal system into the pharmacopœia, with a table of comparative values. Moreover, an abandonment of the use of arbitrary weights and measures in compounding, and an adoption of the use of parts by weight. This was not to touch the matter of prescriptions—was to relate to compounding alone.

By this plan no radical change would be made immediately, nothing added calculated to confuse, and no liability to mistakes engendered. At the same time, the most urgently needed advantages of a change would be obtained.

Dr. Squibb's substitute was highly lauded, and a motion made and seconded that his advice be adopted as the voice of the Academy.

Dr. S. deprecated hasty action. At the same time he did not wish the subject introduced by himself to occupy two meetings, to the exclusion of business more properly pertaining to the Academy.

Prof. Post proposed a more radical change—the substitution of grammes or centigrammes for "parts." The gramme had not different values in different countries, the idea would be

made just as definite, and there would be produced no more liability to confusion. Moreover, apothecaries would, by that means, become more rapidly familiarized with the decimal system.

Dr. Squibb replied that the cardinal objection to anything of that kind was its impracticability; it could not be enforced, and much confusion would be produced.

Dr. Griscom was opposed to hasty action on the subject. He was not prepared to vote at that moment, and moved a postponement.

Dr. Gardner thought the matter clear, and saw no necessity for delay. By adopting the suggestion of Dr. Squibb, we would get rid forever of the constant liability, now existing, to a variation of ten per cent. in the strength of our preparations.

The substitute of Dr. Squibb was then put to vote and carried.

Dr. McNulty moved that the council be instructed to offer a prize for an essay by a fellow of the Academy, to be read at the next anniversary meeting, that a committee be appointed on prize essays, and that the annual oration be dispensed with.

After some discussion, this matter was laid on the table until the next meeting.

After the correction of some irregularities on the disposal of Dr. Squibb's resolutions and substitute, so that the Secretary could get the matter in proper shape, and the transaction of some unimportant business, the Academy adjourned. C.

EDITORIAL DEPARTMENT.

REVIEWS AND BOOK NOTICES.

On Diseases Peculiar to Women, including Displacements of the Uterus. By Hugh L. Hodge, M. D. Philadelphia: Blanchard & Lea. 1860.

After forty years' active employment as a practitioner and teacher in this department of medicine, Dr. Hodge comes forward to give us some of the results of his experience, in the shape of a handsome volume of 450 pages, with the above title. We congratulate the profession on the addition thus made to its stores of knowledge, as well as Dr. Hodge on his thus effectually delivering himself of the "sign" to which he was challenged by his old fellow-student and life-long friend, Professor Meigs. He pleasantly alludes to this in a well-turned letter to the latter gentleman. We would not, however, be understood as thinking with Warwick, that

"So bad an end argues a monstrous life"—

had he made none: as many of the brightest luminaries of our profession have left behind them no written records for the benefit of their successors. And we trust, too, that he may long be spared to continue his philanthropic—had we not better say philogynæcic?—labors in our midst. In this volume, Dr. Hodge confines himself mainly to the subjects of "irritable uterus" and displacements, with a chapter on amenorrhea. Other subjects are casually alluded to: but the main force of the author is directed to implanting what he considers more correct views on these subjects in the minds of his medical brethren. From the earliest writers, down to the present time, the uterus has been the fruitful theme of lucubration and perplexity. Aretæus speaks of it thus: "In the middle of the flanks of women lies the womb, a viscus closely resembling an animal: for it is moved of itself hither and thither in the flanks, also upward in a direct line to below the cartilage of the thorax, and also obliquely to the right or the left, either to the liver or spleen: and it likewise is subject to prolapsus downward: and, in a word, it is altogether erratic. It delights also in fragrant smells, and advances toward them: and it has an aversion to fetid smells, and flees from them: and, on the whole, the womb is like an animal within an animal." He then goes on to describe what he calls hysterical suffocation, attributing it to uterine displacement, for the relief of which he recommends fragrant or fetid smells, as the case may be.

The day of such doctrines has passed away, (though we believe there are still some who think that antispasmodics owe their powers to their disagreeable odors,) and the "erratic" organ is treated "on general principles."

Dr. Hodge's work must take rank among the most successful efforts to establish, as the result of practical experience, a correct system of pathology and therapeutics for it. We must henceforth regard irritable uterus as among the recognized facts of the present, instead of one of the confused errors of the past period of medical science. The whole subject of irritability is handled with a masterly pen in all its important bearings, and will amply repay careful perusal and study. We think, indeed, that too much stress is laid upon it and upon the local treatment urged for its removal when excessive; but we must remember that Dr. Hodge is here urging upon our attention facts that we are commonly but too forgetful of, and his whole method of treating the question is so eminently philosophical, that it must carry great weight with thinking men. The distinction which he makes between *organic* and *nervous* irritations and their respective consequences is all-important. The book abounds with practical hints and indications for the thoughtful physician: as, when he speaks of nervousness as a real disease, (p. 22,) or points out the fact that anæmia may be, and doubtless often is, the consequence, instead of the cause, of nervous disease, (p. 122,) or corrects the too common be-

lief of the frequent *malignancy* of uterine enlargements, (p. 213.) We must differ with him, however, as to the *plethoric* state of pregnant women, (p. 126;) as to the exclusive influence of the sympathetic in producing inflammation, (p. 33;) and with regard to the importance of ovarian enlargements and their treatment. This part is, to us, the most unsatisfactory in the book. The subject of displacements is admirably treated, and leaves but little to be desired. Of course, some allowance is to be made when an author compares his own inventions with those of others; thus we think he hardly gives its due meed of praise to the elastic ring in the treatment of retroversion; in slight cases, occurring in virgins, we have often found it useful. So also as to the dangers of Simpson's stem-pessary, we are inclined to differ from him, believing it in *careful* hands, and, when closely watched, almost invaluable in the treatment of flexions. The illustrations of the natural and unnatural positions of the womb are well done, and far in advance of any we are acquainted with elsewhere. Anatomically speaking, however, they might be more correct; and, in showing the power of his lever-pessary in the treatment of retroversion, we notice the doctor has produced a slight *ante*version. This he seems to consider unimportant, either when thus produced or as a pathological condition; we must differ wholly from him in this respect. The views presented on amenorrhea are somewhat peculiar; he attributes it solely to uterine sedation. Now, this may be correct enough in many, perhaps a majority of cases; yet there are doubtless many others due to active congestion, and relieved by remedies addressed to this state of things.

Dr. Hodge's style is smooth, flowing, agreeable, and eminently Johnsonian; the carefully-formed sentences and well-rounded periods fall most gratefully on the ear and mind. We would, however, append a short glossary for a few *verba sesquipedalia*, which have crept in; e.g. "motatory" for motor, "discomforture" for discomfort, "consequential" for consequent, and "exceptionable" for exceptional. These remind us of a bachelor friend who said he should like to address a certain young lady "if she were not so irreproachable." But these are only "spots on the sun's disk." The book is eminently worthy of the high position of its author, and destined to rank among the classics of the profession. We place it on our shelves with the conviction that we shall often turn to it for counsel and aid, relying on its accumulated stores of wisdom and experience—a real *multum in parvo*.

Chlorate of Potassa in Emphysema.—Dr. Austin Flint in a lecture on emphysema, published in the New Orleans *Medical News and Hospital Gazette*, and copied in the New York *Medical Times*, speaks highly of the beneficial effects of chlorate of potassa in emphysema.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, DECEMBER 15, 1860.

THE NEED OF A STATUTE OF LIMITATIONS IN OUR PUBLIC INSTITUTIONS.

The retirement of M. Ricord from his position as Surgeon to l'Hôpital du Midi, a position he had filled with acknowledged ability and world-wide distinction for twenty-five years, has been recently announced in the journals. A few months ago, we made a somewhat similar announcement in the case of the distinguished Professor, Geo. B. Wood, of our own city, who first closed his connection as physician and clinical instructor with the Pennsylvania Hospital, and subsequently resigned the chair of Professor of the Theory and Practice of Medicine in one of the most prominent medical schools of our country—positions that he had long filled with acknowledged ability and success. There was this difference between M. Ricord and Dr. Wood: The former yielded gracefully to a legal provision, which exists in France, requiring physicians to retire from any public position they may hold at sixty-five years of age, and surgeons at sixty years. The latter, in the absence of any regulation in our country, either statutory or customary, voluntarily retired, lest he should, unconsciously to himself, "pass that period of life at which mental imbecility and infancy occurs, and thus become a burden on the institution to which he was attached."

The instances cited above, suggest some thoughts in regard to the policy which should guide the management of our public institutions. That many of them would have been great gainers, had some who held appointments in them been as considerate as was Prof. Wood, will scarcely be denied. A medical school can much better afford to lose the five or ten years additional labor that such a man as Dr. Wood was capable of giving, beyond sixty years of age, without any abatement of his natural force, than it can sustain without detriment to its interests, the platitudes, egotism, and self-sufficiency of another man whose mental imbe-

cility crops out, albeit unconsciously to himself, even before he has reached the age of threescore years. In cases like these, a statute of limitations would be of incalculable advantage to our public institutions.

If we wish our colleges and hospitals to be well served—if we wish them to be institutions of *learning* where the medical student may be taught the principles of medicine, and see those principles practically applied in the treatment of disease, we must see to it that they are served by men of ability—apt teachers, thoroughly alive to the responsibility of their position; men who keep pace with the progress of medical science.

It is utter folly to expect that our public institutions can be carried on vigorously and successfully, and that justice can be done to the cause of medical progress, while important positions are held in them, by those most to be pitied of imbeciles, who fancy that they are giants in intellect, while they are actually descending the intellectual scale with a velocity that increases fearfully with the lapse of time.

But is it practicable, in our country, to adopt regulations making it obligatory on all who hold appointments in our colleges and hospitals to retire when they arrive at a certain age? For very few will be as considerate as our townsman, Dr. Wood, and do so voluntarily. Our national and State legislatures cannot pass general laws requiring such a course.

Still, we think it is practicable, and in this way. Our medical colleges and hospitals, though conducted by voluntary associations, are chartered institutions, the offspring of special legislation in our several States. Let those that are already chartered, have their charters so amended as to require their appointees to retire at a certain age, and give the trustees an opportunity of making other appointments; and let new institutions introduce the same provision into their charters. They will, in this way, give evidence of their desire to do all in their power to advance the interests of medicine in this country, and at the same time do much to insure their own permanence, efficiency, and success.

What a revolution would be created in medical education could such a regulation go at once into operation! Medical colleges, now regarded as almost in their dotage, whose dimmed lights once shone with a brilliancy that attracted attention, and gave them a national reputation, would speedily renew the vigor of their earlier years, and retain the position which they will most certainly lose if the present mistaken course is persisted in.

We would by no means be understood as advocating the opposite policy of thrusting young, inexperienced, mere theoretical men into these important positions. *In medio tutissimus ibis*—is, in our opinion, as applicable in this connection as in any other, and our readers will certainly admit that it would be good policy in our colleges and hospitals to adopt such regulations as will fill their chairs with active, middle-aged men, who are thoroughly capable of teaching medicine in accordance with the most recent observations and improvements, while they utterly reject the theories and abstractions of the past, which the light of modern science has shown to be utterly fallacious. How many a precious and wearisome hour have many of them spent in listening to the recital of long-since exploded doctrines, profitless speculations, details of favorite cases that involved no principle, and, finally, the stale—often immoral—joke or anecdote that some of our learned professors pay students the poor compliment of doling out to them year after year, fitting accompaniments of the stale theories, etc., on which we have been animadverting.

SPIRIT OF THE MEDICAL PRESS.

Many a hearty shake of the hand have we had, personally, and in exchange of editorial courtesies, with the senior editor of the *Nashville Journal of Medicine and Surgery*. We have crossed pens, and then have heartily pledged each the health and long life of the other. Our editorial intercourse has lasted through one decade of years—may another find us each in his own sphere, laboring for the advancement of our beloved profession!

We quote the following from the editorial announcement of the close of the volume:

1. Because we admire and heartily reciprocate the sentiments given utterance to; 2. Because we are proud to find such sentiments in the organ of the medical profession of our native State; and, 3. Because we believe they will commend themselves to the heart of our readers in every part of our widely-extended and glorious land:

"Amid the great political excitement of 1850 we founded this Journal, and are now closing the tenth year of its vigorous existence, surrounded by political troubles heretofore unknown to the annals of our beloved country. Then the great men of the land stretched forth their giant arms heavenward and brushed from the political horizon the threatening cloud, and the sunshine of peace and good-will gladdened the land with its generous warmth. Being dead they yet speak. 'I still live,' was the dying utterance of the great man of the New World. Let us believe that he spoke truly, and that the giants of those days all 'still live.' We have for the last ten years published an *American* Medical Journal. We love the name AMERICAN, without prefix or addendum;—not a Mexican American, a Central American, a South American, a Canadian American, but *American*—a citizen of the United States.

"We close our tenth volume in gloom, but not without hope. God and the sainted dead constructed this temple of freedom for higher purposes than that it should so soon become a broken idol, crushing in its mighty fall the hopes of the world. We are only dreaming. The night mare is on us. We will presently awake to a realization of a glorious morn. We already hear in mingled melody the merry voices of the household, and the troubled dream of a protracted slumber is dissolving. The rack and storm-cloud elements are being metamorphosed into gentle visions of the rice cakes of the Carolinas, and the pumpkin pies of New England. When Pandora's box was emptied upon poor mankind, Hope, like the sputa of pneumonia, cleaved to the bottom. Thank God for that! We have HOPE left! The great tonic, Hope—that is left us. It is our staff and buckler. With this anchor ready for the most trying emergency, we shall launch our tried and faithful craft upon the unknown sea of 1861. It shall be cleared, as for former cruises, for the *United States of America.*"

The following are some of the closing paragraphs:

"Friends of an honest profession, honestly pursued, you have sustained us through ten years of arduous labor. * * * *

"The ablest journalists of the United States, and the ablest writers known to our land, lent us their mighty aid. To our subscribers, the journals, and our host of talented contributors, we tender our grateful acknowledgements. We honestly believe that the *Journal* has done good. We believe in the good State of Tennessee, where its circulation has been largest, that a better and kindlier feeling exists among medical men than is observable elsewhere. The profession here is really a great brotherhood. And here at the capital it is really pleasant to witness the *esprit de corps* that characterizes its medical staff. We think the *Journal* ought to be continued, and that however fashionable secession may become, that there should be no secession from it. What the next ten years may develop the future alone can determine, but we are strong in the faith that among the results will be found twenty additional volumes of the *Nashville Journal of Medicine and Surgery.*"

The noble sentiments above quoted are worthy of the extended circulation they will receive through this journal, and we trust that the *Nashville Journal* will be directly benefited by it.

EPISTOLARY COINCIDENCE.

Under date Nov. 17th, we published New York Hospital Reports by our correspondent "C," and the December number of the Cincinnati *Lancet and Observer* has a correspondence from Philadelphia, dated November 18th, and signed "Richmond." As a curious specimen of "epistolary coincidence," we give the following:

New York Correspondent in the Reporter, Nov. 17th.

Apropos to the above, *the venerable and distinguished Dr. Valentine Mott*, of the University Medical College, made lately, in one of his admirable clinical lectures, what to me was a striking and novel STATEMENT. It was to this

Philadelphia Correspondent of Lancet and Observer, dated Nov. 18.

And also, I find what is, perhaps, a startling or novel SENTIMENT, held by *the venerable and distinguished Dr. Mott*, of New York: *that to his mind the conviction was irresistible that leprosy was the great progenitor of both syphilis and stru-*

effect: *that to his mind the conviction was irresistible that leprosy was the great progenitor of both syphilis and struma; that they were all three essentially the same disease.*

We admonish "Richmond" to mend his ways. The idea of making Dr. Mott responsible for such a dastardly "*sentiment*" (!) is awful. We do not know how he can bear up under the accusation. Our correspondent had it "*statement.*" To this we could reconcile ourselves. But "sentiment" is utterly above our æsthetic culture. We shall next hear of some learned professor of surgery giving utterance to the "*sentiment*" that a fracture is a solution of continuity. Very *sentimental!*

Correspondence.

———, *Illinois, Dec.* 6, 1860.

Messrs. Editors:—The several articles in the Reporter, as well as other medical journals, on the subject of a new degree, to emanate from the American Medical Association, show that the profession is waking up to the importance of such a movement. Your correspondent "M. A. M. A.," as it seems to me, takes a right view of the matter. The degree should be granted by the National Association itself, and not by any State society. This might be done, if thought best, by the appointment of a Board of Examiners in each State, taken from the members of the National Association, and their report to be made to a central committee of the Association, who should grant the degree.

One of the advantages to be gained by such a degree would be, that the holder thereof would be enabled to take his proper place in the ranks of the profession in every State of the Union, which could not be the case if it was granted by a mere State organization. Let the examination be rigid and thorough, and it would prove a stimulus to the young men entering our ranks, inciting them to the highest degree of mental culture and scientific acquirement; and it would draw the line of demarcation between the trustworthy physician and the charlatan, which nothing else would. As to the "title," we can safely trust the Association for that; let us only have the degree, and it matters little for the rest. Bah! Let it be understood that the degree can be withdrawn at any time for cause.

Yours, Medicus.

Discoloration of the Fœtus and the Fœtal Membranes.

Messrs. Editors:—On the 2d of this month I was called to attend Mrs. —— in labor with her fourth child; the woman was naturally corpulent and, in every respect, healthy in her general appearance. After a somewhat protracted, though perfectly natural, labor, she gave birth to a plump, hearty little boy, who was thickly covered with a bright yellow unctuous substance. The membranes enclosing the fœtus were also stained in like manner. This is a peculiarity connected with the fœtus that I have never before witnessed in a practice of eight years. Although no chemical investigation was instituted to ascertain the nature of this coloring matter, I felt pretty sure that it was the coloring matter of bile. Will some of our professional brethren have the kindness to give us further information with regard to this interesting peculiarity?

Samuel R. Rittenhouse.

Macungie, Lehigh Co., Pa., Dec. 5, 1860.

NEWS AND MISCELLANY.

☞ Many of our subscribers, especially in the Southern and Western States, have, of late, very considerately forwarded their subscriptions in hard money, in consequence of the prevailing monetary difficulties. This has been a great convenience to us, and we hope it will still be done, as far as possible—but, we desire it to be understood, that we receive in payment of subscriptions any money that is current at par in the section of country from which it is sent.

Affection of the Hip-joint as a Consequence of Uterine Diseases.—Dr. Hoppe calls attention to the fact that in the course of uterine disease, there may be well-marked hip-joint disease set up, as indicated by pain and tenderness in the region of the joint or the trochanter, and impeded movement, owing to the contraction of the abductors and flexors. Both sides may be effected, either simultaneously or in succession. It may exist only in a trifling degree, and when it prevails to a greater extent it may go on afterwards independently of the uterine affection. In moderate cases the affection of the hip-joint disappears with that of the uterus.—*Berlin Med. Zeitung.*

Long Incubation of Vaccinia.—Dr. Hodges reported recently to the London Medical Society the attempted vaccination of a child, but without any result, occurring at the usual period. In one year from that time a regular vesicle formed, which went through the usual course of vaccination, and left the characteristic cicatrix.

Dr. Henry Miller on Medical Education.—We have received a reprint of the able address of Dr. Miller, President of the American Medical Association, delivered before that body at its last meeting. We extract the following:

It is to be hoped that the medical colleges of the United States will not continue to turn a deaf ear to the proposals that have been addressed to them by this Association, and reiterated, from year to year, with so much earnestness. They cannot remain impassive, without manifesting such a disregard of public medical opinion, as must operate injuriously to their own interests, as well as detrimental to the profession. That their sessions should be extended to six months, is a proposition so self-evident as scarcely to need argument. We have it on good authority that the late celebrated Prof. Wistar admitted to a friend, in 1816, that the founders of the Philadelphia School had committed a great error, in not establishing a session of *six* months; how great is the error, then, of the schools of the present day, in so tenaciously adhering to the sessions of *four* months, when all the branches of medicine have advanced far beyond their development at the period of the foundation of the first American medical school, and new ones have been added to their ever-widening circles! At their first organization, the medical faculty of the Philadelphia School consisted only of Morgan, Shippen, Kuhn, and Bond; and its first commencement was held in 1768—the year preceeding the appointment of Doctor Rush—and even so late as 1791, when the college was merged in the University of Pennsylvania, the medical faculty consisted of Dr. Shippen, *Anatomy, Surgery, and Midwifery*, with Dr. Wistar for his adjunct; Dr. Kuhn, *Theory and Practice of Medicine;* Dr. Rush, *Institutes of Medicine and Clinical Medicine;* Dr. Hutchinson, *Chemistry;* Dr. Griffiths, *Materia Medica*, and Dr. Barton, *Natural History and Botany*. A distinct chair was not created for Surgery until 1805, nor was Midwifery admitted as a separate branch until 1810. When these practical branches had acquired sufficient dimensions to call for separate professorships, we cannot restrain our surprise that the necessity for corresponding enlargement of the sessions of the school was not felt and acknowledged.

But, since 1810, not only have surgery and midwifery, including the diseases of women and children, been greatly extended in their scope, and also in the importance generally accorded to them, but the co-ordinate departments of medicine have had their boundaries greatly enlarged—to such a degree, indeed, that it is, I believe, almost universally admitted by those most competent to judge, that it is impossible for any faculty to do justice to them in the short space of four months. Not to tire your patience with proofs of the correctness of this statement, I will only instance midwifery, clinical medicine, physiology, and chemistry. So great has been the expansion of midwifery, with its annexes, that it has been recently divided, and its teaching assigned, in one of our schools, to two professors, while clinical medicine, which occupied so small a space at the epoch referred to, has assumed a commanding position; and still the cry of the profession is that more of it should enter into our courses of public instruction. Physiology has participated so largely in the advancement of its kindred sciences, that it is almost a new creation; speculation, so rife half a century ago, having given place to observation and experiment, aided by the microscope, and more exact chemical analysis. And what shall we say of chemistry? Fifty years ago it was a meagre, unsettled science, busied with the elements and inorganic substances; but now it has entered the laboratory of organization, and boldly grapples with the most occult phenomena of life, and is probably destined to shed more light on physiology and pathology than any other means of investigation.

Nor is this all. The medical teaching of our times differs widely from that of our fathers, in that it is eminently practical and demonstrative. The learned and elaborate discussions of theories and systems of medicine, of which the fathers were so fond, and which constituted the intellectual feasts of the lecture room—with a few side-dishes of the material and tangible—have ceased, and that which can be *seen*, and *heard*, and *handled*, has been ushered in. All who have any experience in teaching are aware that much more time is consumed by the demonstrative, than by the didactic methods of instruction, and must, therefore, admit that, if the former is to supersede the latter, prolongation of the time hitherto allotted to scholastic instruction is indispensable.

Time of Appearance and Disappearance of Varioloid.—"The first case of varioloid at the Church Home occurred the last week in February. There were seven by the first week in March; eruptions out on the 3d, 4th, and 7th day; on the 8th, full on the face; on the 10th, they appeared on lower extremities, commencing to dry up from the 9th to 12th. The disease commenced to disappear about April 1st, though, as late as the 20th of April, there were large suppurating ulcers requiring opening under the skin of head and face of one little sufferer who was pitted." A man with small-pox died under my care in the Marine Hospital in 1858; only three out of twenty-five inmates took the disease; these were transferred to the pest-house, and recovered. The infection was thus timely extinguished.—*Dr. Porcher; selected cases;—Charleston Med. Journal and Atlanta Journal.*

Professor Gross' Surgery in Germany.—A recent number of *Schmidt's Jahrbücher* contains an elaborate review of Gross' System of Surgery, concluding as follows:

After having thus called attention to the essential peculiarities of this work, in conclusion, we cannot but again urgently recommend it to all our colleagues who take an interest in surgery, convinced that they will not repent of having put themselves in possession of it. The author has only given what has occurred to himself, but from a very rich experience, with deep knowledge, a discriminating spirit, open, simply, and true. Should a good German translation be published, as it is to be hoped in the interest of a general dissemination of the work, we would only wish that, in order to render it more convenient, the two large bulky volumes of the original, which can only be read at home at the desk, be divided into six or eight volumes more easily handled.

Treatment of the Freckles of Pregnancy.—When freckles, which are of such common occurrence in pregnancy, persist after delivery, M. Hardy recommends the following lotion: Dist. water 125 parts, corrosive sublimate ½ part, sp. wine 9 parts, to dissolve it, sulph. zinc, acetate of lead, aa 2 parts. When this application fails, Barèges or Luchon water, applied as local douches to the parts affected, induce slight inflammation, which facilitates the absorption of the pigmentary deposits—*Bull. de Thérap.*

☞ We call the attention of readers to the establishment of J. M. MIGEOD, manufacturer of medical saddle bags, medicine chests, pocket cases, military equipments, trunks, valises, etc. They will always find at Mr. MIGEOD'S establishment an excellent assortment of medical equipments of every kind at moderate prices. Their articles are manufactured tastefully and durably.

MARRIAGES.

DWINELLE—BOWDITCH.—In New Haven, on the 21st ultimo, by Rev. Dr. Cleveland, Dr. JAMES E DWINELLE, of Baltimore, Md., to Miss MARY E. BOWDITCH, of the former place.

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Answers to Correspondents.

Dr. W. and Others.—We are sorry that we cannot now supply you with the first number of the current volume of the REPORTER, our file of that number being entirely exhausted, except for complete sets. We are advertising for copies, and hope to be able to supply it after awhile.

Dr. G. W. C. J.—The United States Pharmacopœia—which was revised this year—is not yet out.

Caustic.—The letter was not noticed because it was anonymous. A name is always necessary, not for publication, unless so indicated, but to give a responsibility to the communication.

D. S.—The apparatus used in all the hospitals of this city for fractures of the shaft of the femur is Physic's modification of Desault's, or the "long splint." With this apparatus, extension is now made by means of adhesive straps along the sides of the leg. Counter-extension is made with the perineal band, or preferably by means of adhesive strips attached obliquely to the thigh, as advised by Dr. Gilbert, or by Dr. Hodge's addition to the upper end of the long splint, from which long and broad straps extend down the back to the buttock, and on the front of the body to near the pelvis.

T. S. B.—Your questions are not sufficiently precise for definite answers. If the callus is recent it may be bent or broken by force, and the fracture re-set. If old and firm, the best procedure is the operation of Brainerd, which consists in softening the callus by inflammation produced by drilling or piercing it in different directions. The callus becomes soft in from ten to fifteen days, and may then be bent.

W. S.—Subcutaneous injections of sulphate of morphia should not generally at the first application exceed the quarter of a grain. We have seen considerable narcotism produced by the injection of half a grain beneath the skin.

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COMMUNICATIONS RECEIVED.

District of Columbia.—Thomas LAWSON, Surgeon-General U. S. A. *Indiana*—Dr. H. M. Crouse. *Louisiana*—Dr. N. B. Benedict, (2.) *Maine*—Dr. A. F. Page. *Massachusetts*—Dr. Buckingham. *Missouri*—Dr. W. C. Boon, Drs. Catlett and Sivelson. *New York*—Dr. MacNicholl, (2,) Dr. H. S. Dimick, Dr. O. C. Gibbs, Dr. H. R. Rogers, (with encl.,) Kinnie & Phillips, Dr. S. Ward, (with encl.,) Dr. C. K. Irwin, (with encl.,) Dr. C. D. Mosher, (with encl.) Dr. G. Steinert, Dr. G. A. Hall, (with encl.,) Dr. E. N. Chapman, Dr. A. Willmann, (with encl.,) Dr. S. C. Pettingill, (with encl.) Dr. O. T. Bundy & Son, (with encl.,) Dr. H. Gregory, (with encl.) Mr. J. Brown, (with encl.,) Mr. John Hulme. *Maryland*—Dr. J. Sappington, (with encl.,) Dr. R. E. Bromwell, (with encl.) *North Carolina*—Dr. L. W. Martin. *New Jersey*—Dr. A. W. Woodhull. *Ohio*—Mr. W. E. Chapman, Dr. G. W. Martin, (with encl.,) Dr. G. C. Norton, (with encl.,) Dr. W. Salisbury, (with encl.,) Dr. D. R. Howland, (with encl.,) Dr. A. C Lewis, (with encl.,) Dr. J. W. Pettijohn, (with encl.,) Dr. S. H. Farington, (with encl.,) Dr. O. P. McDonald, (with encl.) *Pennsylvania*—Dr. U. Davis, Dr. S. R. Rittenhouse, Mr. J. Hulme, Dr. G. B. Seamen, (with encl.,) Dr. H. Hollister, (with encl.,) Dr. B. A. Bouton, (with encl.,) Dr. J. Foote, (with encl.) Dr. R. Foote, (with encl.) Dr. C. Burr, (with encl.,) Dr. N. Ottman, (with encl.,) Dr. R. T. Losey, (with encl.,) Dr. F. R. Wagner, (with encl.,) Dr. J. Harris, (with encl.,) Dr. A. Strong, (with encl.,) Dr. C. King, (with encl.,) Dr. W. C. Phelps, (with encl.,) Dr. M. R. Knapp, (with encl.,) Dr. C. K. Thomas, (with encl.,) Dr. M. Newberry, (with encl.,) Dr. J. Montgomery, Dr. MacNicholl, (2,) Dr A. G. Ely, (with encl.,) Dr. L. G. Hall, (with encl.,) Dr. D. O. Loop, (with encl.,) Dr. G. W. Hudders, (with encl.,) Dr. P. M. Schweinhart, (with encl.,) Dr. A. Lippincott, Dr. B. H. Stephens, (with encl.) Dr. J. R. Thomas, (with encl.,) Dr. H. L. Stearns, (with encl.) Dr. G. B. Curtis, (with encl.,) Dr. T. Appley, (with encl.) *Rhode Island*—Dr. G. L. Collins, Dr. E. M. Snow.

Office Payments—Mr. Reinhold, H. Dye, E. A. Pratt, Dr. J. E. Smith, (Pa.,) Dr. F. R. Spang, (Pa.,) Dr. J. P. Kall. By Mr. Swayne: Dr. Salmon.

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WANTED—OCTOBER 6th, 1860.

We are much in want of copies of the MEDICAL AND SURGICAL REPORTER for October 6th, 1860, to complete the files for new subscribers. We will pay *ten cents a number* for copies of that date, and be *very thankful* to any of our subscribers or readers who may have copies to spare, and will take the trouble to forward them to our office. Those forwarding copies should put their name and address on the cover. To such we will return ten cents in a copy of the REPORTER, or by mail.

MORTALITY OF CITIES DURING THE WEEK ENDING DECEMBER 1, 1860.

Number, Sex, Nativity, and Age.	Philadelphia.	New York.	Baltimore.	New Orleans.	Boston.	Chicago.	Cincinnati.	Charleston.	Providence.	Buffalo.	St. Louis.
Whole number of deaths	229	409	.....	136	73	.....	.....	.....	.....	.....	67
Males	118	205	.....	71	35	.....	.....	.....	.....	.....	40
Females	111	204	.....	52	38	.....	.....	.....	.....	.....	25
Sex not stated	.....	.....	.....	13	.....	.....	.....	.....	.....	.....	.....
Whites	215	405	.....	114	.....	.....	.....	.....	.....	.....	65
Black and colored	14	4	.....	20	.....	.....	.....	.....	.....	.....	2
United States	178	259	.....	70	58	.....	.....	.....	.....	.....	.....
Foreign countries	37	140	.....	34	16	.....	.....	.....	.....	.....	.....
Nativity unknown	.....	1	.....	32	.....	.....	.....	.....	.....	.....	.....
Parentage.											
American	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Foreign	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Ages.											
Under 5 years	100	193	.....	48	41	.....	.....	.....	.....	.....	.....
5 to 10 years	16	15	.....	9	4	.....	.....	.....	.....	.....	.....
10 to 20 "	8	8	.....	7		.....	.....	.....	.....	.....	.....
20 to 50 "	58	129	.....	43	28	.....	.....	.....	.....	.....	.....
50 and over	47	63	.....	11		.....	.....	.....	.....	.....	.....
Unknown	.....	1	.....	18	.....	.....	.....	.....	.....	.....	.....
Causes of Death.											
Zymotic Diseases.											
Croup	14	16	.....	2	4	.....	.....	.....	.....	.....	3
Cholera Infantum	1	1	.....	1	2	.....	.....	.....	.....	.....	.....
Cholera	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Cholera Morbus	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Diarrhœa	1	7	.....	7	1	.....	.....	.....	.....	.....	.....
Diphtheria	5	13	.....	5	1	.....	.....	.....	.....	.....	4
Dysentery	1	2	.....	2	.....	.....	.....	.....	.....	.....	2
Erysipelas	.....	.....	.....	1	1	.....	.....	.....	.....	.....	.....
Fever, remittent	2	4	.....	2	1	.....	.....	.....	.....	.....	2
Fever, intermittent	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
" pernicious	.....	.....	.....	2	.....	.....	.....	.....	.....	.....	.....
" typhoid	9	4	.....	3	4	.....	.....	.....	.....	.....	3
" typhus	1	7	.....	.....	.....	.....	.....	.....	.....	.....	1
" scarlet	13	21	.....	6	5	.....	.....	.....	.....	.....	.....
" yellow	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Hooping Cough	.....	4	.....	.....	.....	.....	.....	.....	.....	.....	1
Measles	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	.....
Small-pox	4	4	.....	.....	.....	.....	.....	.....	.....	.....	.....
Sore Throat, putrid	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....
Respiratory Organs.											
Bronchitis	1	7	.....	.....	4	.....	.....	.....	.....	.....	.....
Congestion of Lungs	3	4	.....	2	3	.....	.....	.....	.....	.....	1
Consumption	32	65	.....	17	10	.....	.....	.....	.....	.....	8
Pneumonia	6	30	.....	9	3	.....	.....	.....	.....	.....	7
Hemorrhage from Lungs	.....	.....	.....	7	.....	.....	.....	.....	.....	.....	1
Pleurisy	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....

Causes of Death.	Philadelphia.	New York.	Baltimore.	New Orleans.	Boston.	Chicago.	Cincinnati.	Charleston.	Providence.	Buffalo.	St. Louis.
Nervous System.											
Apoplexy	3	4	.....	.....	.....	.....	.....	.....	.....	.....	4
Convulsions	10	28	.....	9	1	.....	.....	.....	.....	.....	7
Congestion of Brain	6	13	.....	1	1	.....	.....	.....	.....	.....	1
Disease of Brain	3	1	.....	1	2	.....	.....	.....	.....	.....	.....
Delirium Tremens	2	5	.....	.....	.....	.....	.....	.....	.....	.....	.....
Epilepsy	.....	1	.....	1	.....	.....	.....	.....	.....	.....	.....
Hydrocephalus	2	12	.....	.....	4	.....	.....	.....	.....	.....	.....
Inflammation of Brain	3	13	.....	1	.....	.....	.....	.....	.....	.....	5
Paralysis	5	5	.....	4	2	.....	.....	.....	.....	.....	.....
Tetanus	.....	2	.....	3	.....	.....	.....	.....	.....	.....	.....
Circulatory System.											
Aneurism	4	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Disease of Heart	2	3	.....	1	3	.....	.....	.....	.....	.....	1
Phlebitis	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Digestive System.											
Disease of Liver	1	2	.....	.....	.....	.....	.....	.....	.....	.....	.....
Gastritis	.....	2	.....	.....	1	.....	.....	.....	.....	.....	.....
Hepatitis	1	3	.....	.....	.....	.....	.....	.....	.....	.....	.....
Inflammation of Throat	2	3	.....	.....	.....	.....	.....	.....	.....	.....	.....
Intussusception	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Inflam. of Bowels	8	6	.....	9	.....	.....	.....	.....	.....	.....	.....
Marasmus	5	25	.....	1	1	.....	.....	.....	.....	.....	1
Peritonitis	1	.....	.....	1	.....	.....	.....	.....	.....	.....	.....
Urinary Organs.											
Albuminuria	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Diabetes	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Disease of Kidneys, Bladder, and Urethra	1	1	.....	1	1	.....	.....	.....	.....	.....	.....
Diseases of Uncertain Seat.											
Abscess	.....	1	.....	1	.....	.....	.....	.....	.....	.....	.....
Cancer	.....	2	.....	1	1	.....	.....	.....	.....	.....	.....
Dropsy	9	4	.....	5	2	.....	.....	.....	.....	.....	.....
Debility, etc	15	16	.....	3	1	.....	.....	.....	.....	.....	2
Fever	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Scrofula	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Puerperal Diseases.											
Hemorrhage	1	.....	.....	1	.....	.....	.....	.....	.....	.....	.....
Convulsions	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	2
Fever	.....	2	.....	.....	4	.....	.....	.....	.....	.....	
Diseased Womb	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
External Causes.											
Accidents	10	14	.....	2	2	.....	.....	.....	.....	.....	1
Poisoning	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	.....
Suicide	.....	3	.....	.....	.....	.....	.....	.....	.....	.....	.....
Stillborn	17	.....	.....	11	.....	.....	.....	.....	.....	.....	4
All other causes	17	41	.....	20	8	.....	.....	.....	.....	.....	6

CASTLETON MEDICAL COLLEGE.

Castleton, Vermont.

SIXTIETH SESSION, 1861.

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GEORGE HADLEY, M. D., Professor of Chemistry.

WILLIAM P. SEYMOUR, M. D, Professor of Materia Medica and Therapeutics.

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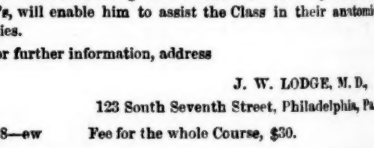

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